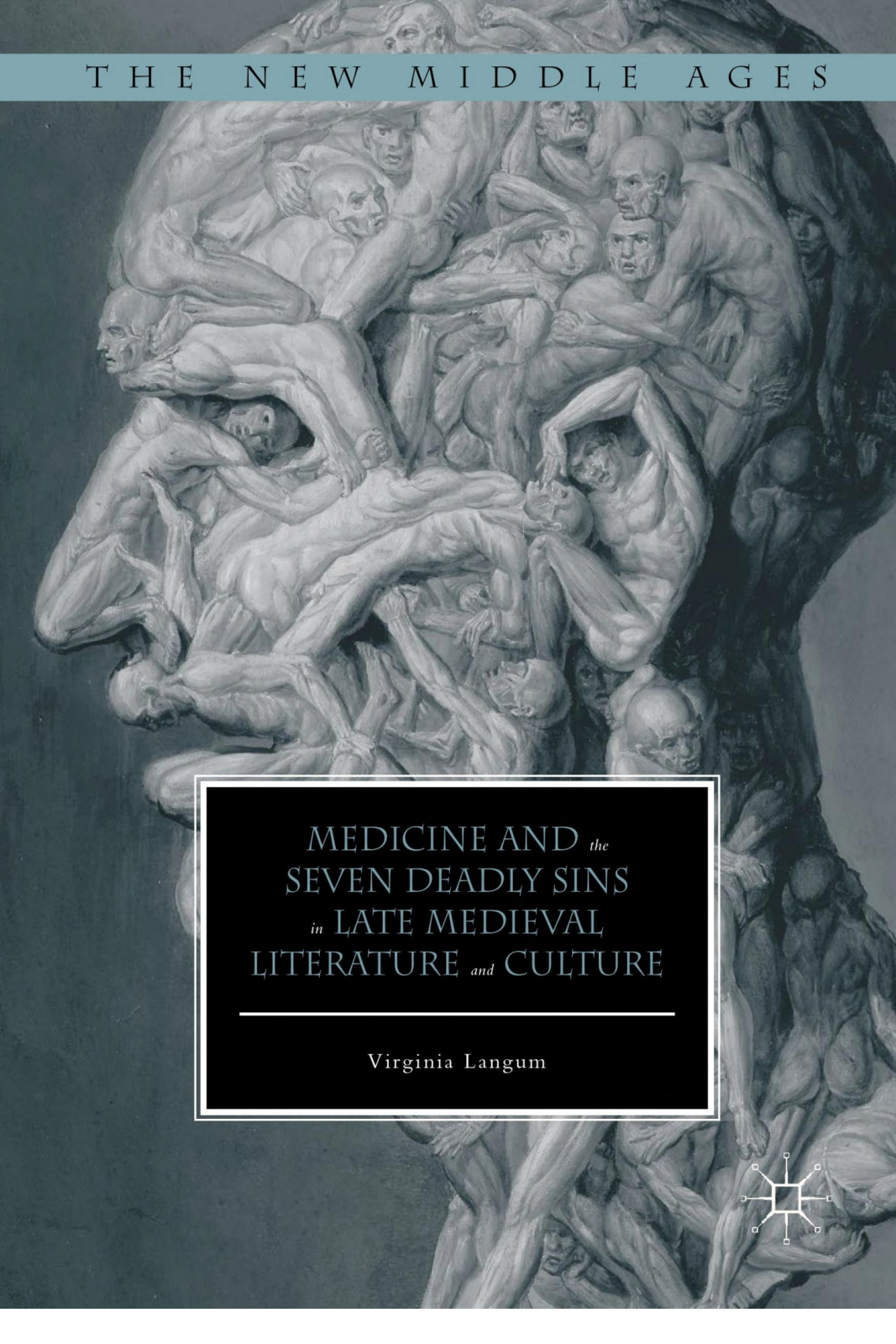




THE NEW MIDDLE AGES

MEDICINE AND *the*
SEVEN DEADLY SINS
in LATE MEDIEVAL
LITERATURE *and* CULTURE

Virginia Langum



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The New Middle Ages

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Virginia Langum

Medicine and the Seven Deadly Sins in Late Medieval Literature and Culture

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The New Middle Ages

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1. Introduction

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(1)

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Medicine and sin might seem unlikely bedfellows, but they are persistently entwined in history. ¹ Their relationship can be viewed as a medicalized morality whereby traditionally moral characteristics and behaviors are attributed to medical conditions. Alternatively, it can be considered a moralized medicine whereby certain diseases and conditions are loaded with moral freight.

Scholars often identify the origins of medicalized morality in the nineteenth century with the rise of psychiatry and the shift in responsibility over certain undesirable behaviors, such as alcohol consumption and deviant sexual activities, from church authorities to the field of medicine. ² These newly pathologized categories typically followed the established norms of religion and society. In this sense, medicalized morality represented merely a shift in semantic domain or language: behavior and dispositions formerly described as virtuous or vicious might be newly accounted normal or pathological. Medicine provided new support for established ideas of good and bad behavior. Indeed, “modern science has proved just as ideologically malleable as the Bible when it comes to arguing either for or against such divisions.” ³

Moralized medicine occurs either explicitly, in the affiliation of certain behaviors and risk factors with specific diseases, or more implicitly, through metaphor and other types of figurative language. Studies of the figurative language attributed to diseases; for example, cancer, leprosy, and AIDS, argue that “nothing is more punitive than to give a disease meaning—that meaning being invariably a moralistic one.” ⁴ Other inquiries highlight the use of metaphors in science as vehicles for shaping social and moral values, including work on the use of religious imagery and symbols such as the “book of life” in genetics. ⁵

The intersection of health and ethics extends beyond verbal signifiers to other fundamental conceptual frameworks, such as the nature versus nurture debate. The question of how much control we wield over our environment and ourselves is current in arenas beyond the political and academic. The recent upsurge in depictions of zombies and vampires in films, novels, and television arguably reflects such concerns. The viruses that generate these plots may intimate a perceived vulnerability in the metaphorical body politic as well as the material threat of epidemics to individual bodies. Zombies and vampires represent extreme organic needs that are both biologically driven and beyond the desires of healthy humans.⁶ Yet these popular cultural phenomena offer insight into what we might call the “bio-disaster” trend, with origins traceable to historical pandemics.⁷ For example, analogues with the greedy, unthinking zombie have been located in the early modern plague literature in response to the rise of capitalism.⁸

The appropriation of moral behavior and dispositions by medicine is not only a contemporary phenomenon, however. Across many cultures and periods, problematic, abnormal, or diseased bodies represented social anxieties and moral failings.⁹ Although ancient in origin, images of a “body politic” whose diseases or disjointedness embody social problems that threaten the unity and functioning of the state have been used by thinkers throughout history, accompanied by notions of the human body as a microcosm.¹⁰

This book investigates the medieval understanding of the interaction of medicine and morality, shaped by both the medical imagery used in religious and literary contexts as well as by the discussion of behavior and religious language in medical contexts. The study primarily concerns the period between the Fourth Lateran Council (1215), a significant event for pastoral reform and the textual production of works about confession and the sins, and the eve of the Protestant Reformation. The Lateran-inspired confessional literature places great emphasis upon the circumstances of sin—priests were required to know the particulars of both sins and sinners, including some knowledge of physiological predispositions and the passions.¹¹ At the same time, medical materials such as physiognomies, encyclopedias, surgical manuals, and recipe books were being circulated and translated into the vernacular on a much wider scale. England is a particularly interesting case, where the majority of university-trained physicians were in holy orders up to the late fifteenth century, and clergy generally undertook the translation of Latin medical texts into English.

The year 1500 also marks something of a shift in the period’s religious and medical mentality. Religious texts increasingly evinced a

preference for the Ten Commandments over the sins on the basis of the former's scriptural authority. Professional medical guilds took shape—albeit quite late in England compared with the continent.¹² In terms of changes in anatomical and physiological knowledge, in the beginning of the sixteenth century, thinkers began to significantly challenge the teachings of the ancient physician Galen (d. c. 210). The early modern physician Paracelsus (d. 1541) allegedly burned Galen's books, and while less radical in the short term, Vesalius' (d. 1564) human dissections had a more devastating influence on the tradition of Galenic medicine in the long term. Due to these and other movements, medicine lost something of its "homogeneity."¹³

On the other hand, the years 1215 and 1500 are porous bookends as will become clearer. The reforms of 1215 began before 1215; as, of course, did the translation and circulation of texts. Proto-Protestant movements that emphasized a return to scripture and literalism existed before 1500.¹⁴ And while the shift to the Ten Commandments pre-dated the Reformation in learned and orthodox theological texts, certainly the sins do not disappear.^{15, 16} As for medical changes, the influence of Galenism did not really die out until the nineteenth century.¹⁷

However, we can make some general observations about the interaction of religion and medicine in the later Middle Ages. Depictions of the vices in the later medieval period are more detailed and naturalistic than the earlier static allegorical representations, as remarked upon by literary and art historians.¹⁸ This material often includes medical imagery, ranging in its allegorical quality, specificity, and vividness.¹⁹ Although the Fourth Lateran Council explicitly prohibited clergy from practicing incision (i.e., the cutting of the body) and cauterization (i.e., the burning and sealing of wounds), priests undoubtedly practiced various forms of medicine in this period.²⁰ Beyond practice and regulation, clerics were involved in the transmission of its knowledge, as they translated and copied medical texts for charitable and compassionate reasons.²¹ Such clerical translation was part of the larger phenomenon of the translation of technical texts into vernacular languages in the later fourteenth and fifteenth centuries. This vernacularization facilitated the "popular consumption" of specialized knowledge.²² Despite uncertainty surrounding the ownership, audience, and use of these texts, we may infer a widespread familiarity with surgical and medical practice.²³

Concepts and Terms

Before delving into the primary material, it is worth exploring several viscous concepts and terms at the core of this book and in its title: medicine, the seven deadly sins, medieval, culture, and literature. The

history of ideas and the more recent history of emotions offer several useful approaches to thinking about concepts in the past. As a branch of the history of ideas, conceptual history examines the development of thoughts and ideas by studying their linguistic and cultural contexts. Many potential problems in the study of medicine and religion in the Middle Ages arise from the assumption of equivalence: the suggestion either that a concept used in the Middle Ages means the same in our own age or that a word used in one medieval text means the same in another medieval text. The word “contagion” exemplifies the first type of false equivalence. In the twenty-first century, the use of this word implies knowledge of microbiology; in the fourteenth century, it did not, as will become clear in the discussion of plague.²⁴

The second type of false equivalence entails disregard for the multiplicity of meanings within medieval texts. For example, the word “vice” might conflate with “sin” in religious contexts, yet the same word might denote harmful treatments or bodily conditions in medical contexts. Given the crossover between the fields of medicine and religion, as outlined in more detail later, I tend to take a generous view of polysemy, or the multiplicity of meanings of words and phrases. However, some caution is required.

The study of the history of emotions also probes expressions and vocabularies. Viewing the body as a subject of historical analysis rather than a vehicle of timeless experience, historians of the emotions inquire into the extent to which emotions are shaped by societies, ideologies, and thoughts, as well as how lived experience can be distinguished from prescribed experience in texts. Given the pervasive view of the Middle Ages as barbarous and uncivilized, it is unsurprising that several medieval historians have taken up this field as a means of re-examining and revising the emotional landscape of the period.²⁵ Barbara Rosenwein, for example, has elucidated some of the methodological considerations involved in studying thoughts and feelings. She proposes the concept of an “emotional community” as a way of recovering the historically saturated meaning of emotion. To study the emotional community, she recommends compiling a varied bank of sources, to isolate commonalities and differences, and paying critical attention to terms denoting emotions in these sources, particularly those deceptively similar to modern terms. She also suggests utilizing contemporary theories of emotions where available, and recognizing the role of metaphors, irony, and silence within sources, and how their meanings change over time.²⁶ Several articles, monographs, and collections have taken up Rosenwein’s approach to premodern emotions, some specifically situating the history of emotions within the history of medicine and medical discourse.²⁷ As

emotions are closely connected to sin, an examination of medicine and sin necessarily acknowledges and converges with the history of emotions and the history of medicine. Aquinas, for example, maintained that the passions could influence or move the will, and that the will is the proximate cause of virtuous or vicious action.²⁸ Therefore, medieval theories on the passions are integral to this book.

Although many excellent studies exist on individual passions and sins in relation to their medical context, this book attempts to offer a study of the entire heptad.²⁹ Furthermore, it does so not only through learned theology and poetry but primarily through pastoral literature—the simple manuals designed to impart basic matters of faith—and sermons. As part of their duties, priests were required to instruct the faithful about the seven deadly sins, which they did both in confession and in their preaching.³⁰ Thus, sermons and pastoral literature offer excellent testament to the wide circulation of medical knowledge in relation to the sins in the Middle Ages. Inspired by methodologies in history of ideas and emotions, the study considers the relationship between medicine and sin, the body and ethics, through close attention to their linguistic contexts. Questions of language, interpretation, and metaphor are treated in the next chapter at some length. Although the multiple meanings of particular concepts are dealt with as they arise in the progress of the book, foundational concepts such as those in the title are treated here.

Medieval

As the term “medieval” is, of course, not native to the period or the texts under study, it is worth reflecting on suppositions about the medieval, especially in regards morality and health. The concept of the Middle Ages or *medium aevum*, meaning “between ages,” developed after the period denoted as such. Petrarch distinguished the “middle age,” one of darkness and ignorance, from his own age, a time of light and learning.³¹ According to the *Oxford English Dictionary*, the word “medieval” was first used as an expressly pejorative term, meaning “exhibiting the severity or illiberality ascribed to a former age; cruel, barbarous” in 1883. Solidifying the popular use of this term, the film *Pulp Fiction* established the phrase “to get medieval” meaning “to use violence or extreme measures on, to become aggressive,” in the 1990s. It might seem unnecessary to belabor the point that some popular cinematic references to and depictions of the medieval get it wrong. However, the work of several influential thinkers authorizes these attitudes. For example, the “civilizing process” and similar theories developed by Johan Huizinga and Norbert Elias chart an ascent from barbarism or infancy to civilization and maturity through the development of nuance and

restraint in behavior and interactions. ³² Although historians of emotion have recently challenged these theories, they continue to be cited uncritically in both the popular media and scholarly contexts, even by medievalists—further strengthening the reputation of the medieval as uncouth, inflexible, superstitious, and exhibiting a crude or violent sense of justice.

The portrayal of assumed “medieval” attitudes toward medicine and morality is particularly worthy of further interrogation. For example, pointing specifically to medieval leprosy, “one of the most meaning-laden diseases,” Susan Sontag’s *Illness as Metaphor* advocates a view of disease that is entirely literal, stripped from metaphorical and invariably moral associations. Sontag writes of the segregation of lepers into dedicated houses or *leprosaria*. Once emptied of medieval lepers, these same structures housed Michel Foucault’s madmen. In *Madness and Civilization*, Foucault writes that “leprosy disappeared, the leper vanished, or almost, from memory; these structures remained. Often in the same places, the formulas of exclusion would be repeated, strangely similar two or three centuries later.” ³³ Sontag and Foucault chart similarities between the “medieval” view of disease and more contemporary conceptions of cancer, AIDS, and mental illness. However, these attempts to locate and dismantle continuities between the present and the past can obscure the distinctive qualities of the Middle Ages.

The historian Carole Rawcliffe revisited claims about medieval attitudes and practices regarding leprosy. In a provocatively entitled chapter “Creating the Medieval Leper,” she shows how nineteenth-century responses to the disease were based largely on misreadings of medieval sources, either taking one exceptional source as representative of a widespread phenomenon, such as the “leper mass,” or failing to put these sources in their social contexts, as in the case of the *leprosarium*. ³⁴ Nineteenth-century advocates for the institutionalization of the criminal, sick, poor, and insane found a “medieval” that conformed to their ideas of segregation and exclusion. Nineteenth-century readers understood that these *leprosaria* functioned to contain the “leper race” through enforced isolation and strict prohibition of reproduction. In fact, there is very little evidence of the legal exclusion of lepers in the Middle Ages. In contrast with the Victorian prison model, leper hospitals in the Middle Ages were charitable institutions of which membership was entirely voluntary. ³⁵

Some writers have used historical documents to chart progress away from the Middle Ages and toward science. With reference to the Middle Ages, the decision of People versus Pierson (1903) regulated “faith healing” in the early twentieth century in the USA. Pierson was one of the earliest of these cases and concerned the right of parents

not to call a doctor for their child, who was sick with whooping cough, on the grounds of religious conviction. The decision paints a progressive narrative, specifically referencing the Fourth Lateran Council of 1215, which required physicians to call confessors before embarking upon medical treatment. “The curing by miracles, or by interposition of Divine power, continued throughout Christian Europe during the entire period of the Middle Ages, and was the mode of treating sickness recognized by the church” until the eighteenth century, which saw a shift in cultural attitudes precipitated by medical discoveries, until, eventually “it has become a duty devolving upon persons having the care of others to call upon medical assistance in case of serious illness.”³⁶ In this decision, the New York Court of Appeals juxtaposed the supernatural, moralistic premodern with the “civilized,” secular modern, blaming the allegedly slow progress of medicine after its Hippocratic origins on the Roman Catholic Church.³⁷

Regardless of the actual practice of calling for confessors before medical treatment, which is contested by many medical historians and rarely mentioned in medical texts except in fatal cases, the idea that the Church only recognized miracles as healing practices is patently untrue.³⁸ Not only was medicine regulated and therefore recognized by the Church, it was also practiced by medieval priests, who were advised to understand the physical health as part of their effort to understand the spiritual health of the faithful.³⁹ Likewise, Sontag’s account of “medieval” attitudes toward sickness excludes readings of the relation of body and soul that are less devoid of sympathy and subtlety.

Is it relevant to show how the Middle Ages have been maligned, other than to satisfy other pedantic medievalists? The concept of the medieval not only describes the past; it is invoked to explore and shape policy decisions and social attitudes. The Leper Home in Carville, Louisiana was closed as late as 1999. From the time of its founding until the 1950s, residents were kept as prisoners, denied the right to vote, marry, or leave. As misunderstandings about contagion cleared, the proscriptions against the patients relaxed; yet the facility remained open due to the social stigma of leprosy.⁴⁰ The recent outbreak of Ebola has several times been compared to the medieval experience of plague, specifically in reference to quarantine zones in Liberia. Critics have evoked “medieval” measures such as quarantine and “cordons sanitaire” to depict the policy as “a reflection really of ignorance and panic.”⁴¹ The isolation of lepers and plague victims does not equate so simply to the brutal military quarantine witnessed in Liberia.⁴²

How we use the past is significant; and to do so adequately, we

must develop a more nuanced view. Generally, a longer appreciation of the relationship of medicine and religion prompts critical analysis of our own perceptions of and attitudes toward the sick and their care. The cases of leprosy and faith healing reveal that our relationship to the past is sometimes less a matter of the “stubborn persistence” or rejection of attitudes that link illness with immorality or sin than of reliance on faulty accounts of what these attitudes were. ⁴³

Medicine

The concept of medicine in the Middle Ages is difficult to grasp due to our expectations and misconceptions of medieval medical texts, which can seem incompatible with modern scientific standards. ⁴⁴ The medical historian Anne Van Arsdaal reminds us that rather than looking for the superstitious and magical in medieval medical recipes, we ought to consider more practical functions. For example, the recitation of charms, phrases or prayers may have been advised simply as a means of making the patient rest and thereby “allowing the herb to do its work in the body, not because the words were believed to have magical effects.” ⁴⁵ However, this is not to say that the patient might not have believed in the efficacy of these charms or prayers—a belief that induced the relaxed state needed for rest.

The principles of premodern medicine rest on a more holistic sense of healing than most modern medical practices. Following in the Galenic tradition, therapies treated both body and soul. Indeed, Galen believed that body and soul were of the same substance. ⁴⁶ To this end, medicine considered both “natural” things such as complexions, bodily fluids, organs, physiological processes, and “non-natural” things. These non-naturals include six things not essential to the body: food and drink, excretions, air, motion and rest, sleep and waking, and the passions. ⁴⁷

Another barrier to conceptualizing earlier medicine is that the divisions and categories of knowledge in the Middle Ages are different from our own. Although the supposed rift between religion and science has inspired much intellectual energy, both the dimensions of this rift and how to apply these ideas to premodern religion and science are unclear. A common narrative employed to describe the evolution of secular science traces a rivalry between science and religion after the Middle Ages as a natural extension of Protestant empiricism. ⁴⁸ Yet medieval theologians were rigorously trained in natural philosophy as the foundation of their education. ⁴⁹ Some of the most prominent theologians of the period—Albertus Magnus, Robert Grosseteste, Thomas Aquinas, Duns Scotus, William Ockham—were also natural scientists. The historian of science Edward Grant has argued for a “secular” natural science in the Middle Ages, stating that

although scientific texts cite biblical authority, the intention is not “to demonstrate scientific truths by appeal to divine authority.”⁵⁰

There were certainly moments of tension between science and religion in the universities, as demonstrated in the Condemnation of 1277. The Condemnation responded to concern among some Paris theologians that the dominance of Aristotelian natural philosophy, with its naturalism and determinism, threatened points of Christian dogma.⁵¹ In England, the effect of the Condemnation was to institute a broad emphasis on God’s absolute power over naturalism, which bore a direct relation to medicine and the body’s disposition to certain thoughts and actions, as we shall see. However, a sharp separation was drawn between having that power and exercising it. The distinction between God’s absolute power and ordinate power referred to God’s creation of a set of natural laws and His prerogative not to break these laws, although He theoretically could.⁵²

Compounding the complexities of accessing the medieval worldview is the fractured state of our own learning in the modern university. In the 1950s, a medievalist lamented the division of knowledge into fields in the modern age, and its impact on scholarship on the literature of the Middle Ages, which is “dismembered into specialties which have no contact.”⁵³ The same might be said of how we view medicine and religion. Current disciplinary divisions often separate historians of medicine and historians of religion. However, recent work begins to rectify this fissure. Joseph Ziegler, for example, has revealed the interpenetration of medical and religious language and ideas in the texts of two major physicians who also wrote learned sermons and religious literature in the early fourteenth century.⁵⁴ Literary critics have also read medical texts both as sources for the study of literature and as subjects for literary analysis in themselves.⁵⁵ This work has uncovered the wider valence of medicine in medieval culture. Current work on miracle collections has further dismantled the appearance of competition between religion and medicine. Rather than acting as a mere foil for miraculous healing, material medicine was rigorously explored to eliminate natural causes.⁵⁶ Furthermore, the Church employed physicians in canonization proceedings.⁵⁷ Religious authority recognized medical authority in its own domain.

In the period in question, particularly in England, religion and medicine are not distinct fields as in the modern university; certainly not in the sense of contrasting ontologies. The nature and causality of sickness could be at once supernatural and natural, immaterial and material. The core of authorized religion, as expressed in the canons of the Fourth Lateran Council, recognized the practice of both physical and spiritual medicine.

The twenty-second canon decreed that every physician of the body must call for a physician of the soul before beginning any treatment. Two reasons are given. The first is that bodily medicine will work better after confession “for the cause being removed the effect will pass away.”⁵⁸ The logic here is that diseases have spiritual causes, rendering material or bodily medicine superfluous. However, the second reason addresses the question of *when* the physician should call for the confessor, suggesting a more mutual relationship between spiritual and bodily medicine. The medical practitioner should call for the confessor *before* he begins treatment rather than *during* treatment. As the canon further explains, “some, when they are sick and are advised by the physician in the course of the sickness to attend to the salvation of their soul, give up all hope and yield more easily to the danger of death.”⁵⁹ These two forms of illness and healing—spiritual and material—are acknowledged to co-exist and interlock in an English confessional produced shortly after the Lateran canons by Thomas of Chobham (d. c. 1230): “no one should take a sick person to the physician [*medicus*] or give him medicine before he has confessed, because many illnesses do not originate from the nature of the elements or the body, but rather through sin, and thus they can only be cured by confession and repentance.”⁶⁰

How secular, then, was the study of medicine? Before its incorporation into university curricula, medicine was taught at specialized and independent institutions. However, with its integration into university teaching, medicine became the first “professional” science, raising its status from technical to theoretical.⁶¹ Physicians were often clerics, as their university education included both theology and medicine. The “secularization” of medicine varied from country to country during the period under study (1215–1500). For example, medicine developed in the English universities in the Middle Ages, although it was considerably less established than on the continent.⁶² However, English medicine retained its clerical character for much longer than that on the continent, where secular physicians soon displaced clerics.⁶³ In the fourteenth century, all but four of the documented physicians operating in late medieval England recorded ecclesiastical income. Although an increasingly secular vocation in the fifteenth century, several clerics still appear as medical men in the period’s records.⁶⁴

The integration of medicine into university teaching, however, did enforce a separation of medicine and surgery. Although surgery was practiced in Europe throughout the ancient world and for the whole of the Middle Ages, it did not achieve “institutional stability” until the thirteenth century. The factors enabling the transition included both the translation and circulation of Arabic texts as well as the greater

concentration of populations in urban centers, which fostered universities and apprenticeship structures.⁶⁵ In contrast with continental universities, neither Oxford nor Cambridge offered teaching in surgery; indeed, medicine itself was a minor subject.⁶⁶ Instead, surgery was institutionalized in guilds (the first earliest established in 1368), which provided apprenticeships for practical experience.⁶⁷ After a number of years, surgeons took an exam in order to become masters of surgery.

Outside of the universities, boundaries of medicine and religion were blurred. Simple parish priests provided a variety of services. Some related directly to confession, such as the examination of the sinner's particular physiological make-up (or *complexio* [*complexion*]) in the determination of penance.⁶⁸ "Complexion" reflected the balance of four bodily substances or humors—*sanguis*, *choler*, *melancholia*, and *phlegma*—that disposed a person toward a certain outlook, actions, and thoughts.

Other evidence suggests that priests were involved in the care of the sick and the administration of earthly medicine beyond its relation to spiritual outcomes. Nuns and priests staffed medieval hospitals, rather than physicians.⁶⁹ Likewise, manuscript studies reveal that priests owned, and appear to have used, medical texts.⁷⁰ The translation of such texts into the vernacular also suggests a broader interest in and knowledge of medicine. In England, the number of medical manuscripts in the vernacular increased by about sixfold between the fourteenth and fifteenth centuries.⁷¹

Medicine and religion were neither competitive nor antagonistic. Instead, religious texts often stressed the significance of health and medicine in a wider context, as a social and moral good. Removed from its textual context, "þilke þat lyuen as bi phisike, bi phisike dieþ" [*those who live by medicine, die by medicine*] in the late fourteenth-century pastoral *The Book of Vices and Virtues* seems a stark statement against medicine.⁷² However, the passage associates medical regimen for its own sake with lack of charity, specifically eating largely in other men's houses and meagerly in one's own. Those who "lyuen as bi phisike" contrast with those who "lyuen gostly," those who "eten and drynken after þe loue of God, to whom þe Holi Gost techeth to holde mesure and ordre and resoun."⁷³

Furthermore, while sometimes employing medicine as a negative analogy, particularly in the devil-as-physician trope, religious texts do not demonize earthly medicine itself.⁷⁴ Rather, the devil offers false advice, suggesting that it is unhealthy to listen to sermons and healthy to stay up late at the tavern drinking and playing dice. Such behavior, however, actually leads to "dropsye [*dropsy* or *edema*] or gowte [*gout*]."⁷⁵ The operation of medicine as a positive analogy for

confession was far more prevalent. The use of medical metaphors and analogies is covered in more detail in the next chapter, and various terms relating to medicine are addressed as they arise.

The Seven Deadly Sins

For most of the Middle Ages, the sins were a principal organizing tool to explain behavior sanctioned by the Church. Although originating in Greek and Roman philosophy, the Christian concept of the sins dates from the fourth century with the desert monk Evagrius Ponticus (d. 399).⁷⁶ But then the deadly sins numbered eight, and they were considered closer to thoughts sent by demons, which became sins if men consented to them. The work of Evagrius was developed and integrated into Western thought by his follower John Cassian (d. 435), who moved out of the desert in the East to the monastery in France. Cassian's *Institutes* devotes a chapter to each of the eight sins: gluttony, fornication, avarice, anger, sadness, acedia (indolence or sloth), vainglory, and pride. Later, Gregory the Great (d. 604) made pride the root of all sins rather than a separate sin, and added envy while omitting acedia, thus bringing the total to seven. Scholars have explained Gregory's emphasis on pride in terms of the contextual change from desert asceticism to monasticism, in which there was greater institutional premium placed on combatting pride.⁷⁷ Both the importance and the meaning of the sins varied throughout the medieval period, such as is the case with acedia or sloth. From its earlier meaning as the intellectual anxiety of bookish monks, acedia began to shed its academic pedigree, moving closer to our own meaning of sloth.⁷⁸

Generally, medieval theology distinguishes between a sin [*peccatum*], which refers to one particular evil act [*actus malus*], and a vice [*vitium*], which refers to a bad habit [*habitus malus*]. This is the distinction that Aquinas draws in *Summa Theologica*.⁷⁹ Whereas a sin describes an act, a violation of God's law, a vice describes embeddedness: a behavioral pattern. However, such terms are fluid in medieval texts, particularly works of popular religious instruction.⁸⁰ The deadly sins might also be referred to as capital sins. Capital and deadly sins can be venial or mortal. Veniality accounts for mitigating circumstances, such as ignorance or intention, and—particularly relevant for our purposes—often also the passions, pre-rational impulses.⁸¹ The physical experience of the passions can influence or move the will, and the will is the proximate cause of virtuous or vicious action, according to thinkers such as Aquinas.

Discussions of the sins flowered with the pastoral movement of the Third and Fourth Lateran Councils in 1179 and 1215, and various schemata were designed to help priests as well as the faithful to

understand and remember the sins. These schemata included the seven-headed beast of Revelation, the seven kinds of animals, the seven kinds of stones, the seven demons driven from Mary Magdalene, the seven Old Testament kings who persecuted Israel, the seven wounds of Christ, the seven branches on a tree, and the seven diseases.⁸² As we shall see, the schemata of diseases varied in specificity and sophistication. For example, some sermons systematize the sins as symptoms of leprosy or types of blindness. Other sermons correlate sins with particular types of diseases, stages of life, or seasons of the year, based on humoral balance. Furthermore, theologians throughout the Middle Ages debated whether the sins were natural or non-natural, whether certain sins were more natural or less natural than others, and whether this naturalness diminished their sinfulness. These arguments are considered for each individual sin during the course of this book.

The period 1215–1500 marked the zenith of the seven deadly sins. Reformation historian John Bossy argues that in the early modern period, there was a shift in preference toward the Ten Commandments in the religious literature, and that this shift enacted the movement toward Protestant ethics. In both content and form, the Commandments are more rigid and precise than the sins. Bossy maintains that although not fully realized in the popular religious literature until early modernity, the movement toward the Decalogue was initiated in the later Middle Ages by theologians such as the English William Ockham (d. 1347) and the French Jean Gerson (d. 1429), who argued that Christian ethics are a matter of faith, not reason.⁸³ According to Bossy, this shift is officially enacted in the Catechism of the Council of Trent (1566), where the Commandments and not the heptad are to form the basis of confession.⁸⁴ However, the sins do not simply disappear in reformed Catholicism or Protestantism. Rather, as Richard Newhauser has persuasively demonstrated, while divested of their sacramental authority, the seven deadly sins persisted in other contexts, such as drama, and functioned in new roles.⁸⁵

While the Ten Commandments were prevalent in the pastoral and poetic materials of the later Middle Ages, they were not usually elaborated in the same way as the seven sins, for understandable reasons. Whereas the Commandments mete out fixed syntactical units, accounts of the sins revel in a more protean polysemy, easily adapted or allegorized to suit the speaker or writer's needs. Hence, the seven deadly sins were enormously prevalent in sermons, poetry, and popular theological works. Imprinting experience, thought, literary, and artistic output, the seven deadly sins formed an integral part of "medieval anthropology."⁸⁶

Literature and Culture

The study draws upon a pan-European base of medical and religious tracts that circulated around Europe and England in the period in question.⁸⁷ However, the popular religious works under study, such as sermons, *exempla* and other pastoral material, and poetic works, are limited to medieval England. A focus on medieval England allows insights to be gained into the transmission of medical images and ideas into wider culture. All quotations from Latin sources and other languages are provided in translation, and Middle English quotations are included in the original with glosses for the more obscure words. Yogh and thorns are retained. The yogh [ȝ, ȝ] corresponds to a range of sounds, but particularly “y” and “gh.” The thorn [þ, þ] corresponds to “th” in modern English.

The medical information relevant to this project is gleaned from a variety of sources, from the learned texts that served surgeons and physicians, to the lay regimens that provided basic guidelines on healthy living, and from texts written during particular circumstances, such as times of plague, to more general repositories of learning, such as encyclopedias. The surgical tracts under study include the major works of Guy de Chauliac (d. 1368), Lanfranc of Milan (d. 1306) and John Arderne (d. 1392), all of which circulated in Latin and vernacular translations during the later Middle Ages.⁸⁸ The dietary writings examined include general advice manuals and dedicated plague tracts.⁸⁹ I use the thirteenth-century *De Proprietatibus Rerum* [*On the Properties of Things*] by the Franciscan Bartholomaeus Anglicus (d. 1272), which was translated into English by the Dominican John Trevisa (d. 1402) in the fourteenth century, as my base encyclopedic text.⁹⁰ However, distinctions made by audience and genre are difficult to maintain. Encyclopedic texts, in particular, defy medical or religious categorization, as well as classification by target audience.⁹¹

The religious material under study, which includes writings on the seven deadly sins, also varies. There are many treatises dedicated to the virtues and vices. With Richard Newhauser, who cites the fourteenth-century Dominican Henry of Suso, I readily concede that “there are so many books about the vices and virtues” that “this short life would end before one had managed to look them all through.”⁹² The present book draws on the major treatises, such as those by William Peraldus and Lorens d’Orleans using vernacular translations where possible. Major theological treatises, such as Thomas Aquinas’ *Summa Theologica*, contribute to an understanding of both the relationship between the body and sin and critical distinctions between the passions and the sins. Confessional manuals and preachers’ handbooks, such as the thirteenth-century *Summa*

Confessorum of Thomas of Chobham and the fourteenth-century *Fasciculus Morum*, are also significant sources on the seven deadly sins. Some mystical treatises, such as the fourteenth-century *Scale of Perfection* by the Augustinian Walter Hilton (d. 1396) and the anonymous late fourteenth-century *Chastising of God's Children*, also offer insight into the embodiment of the seven deadly sins. Yet the most diffuse and vivid of the religious sources are sermons.⁹³

Medieval sermons do not simply feature turgid talk of damnation. They teem with rich stories and figurative imagery designed to teach and instill ideas into their readers and listeners. They are as receptive to literary and cultural analysis as more conventional literary works.

Finally, I consider short lyric poems and longer poems that illuminate aspects of the seven deadly sins. For example, William Langland's *Piers Plowman*, dating from the last quarter of the fourteenth century, examines medieval conceptions of medicine and sin. In a series of dreams, dreams-within-dreams, and waking moments, *Piers Plowman* describes the quest of the narrator, "Will," to learn how to live a good Christian life. Will is both an allegorical representation of "the will" and a person named Will who fathers a daughter, makes mistakes and grows old. As he progresses through the poem and his own life *passus* by *passus* (meaning both "step" and division of the poem) he sees and meets several allegorical figures, including the seven deadly sins. The seven deadly sins confess to the priest "Repentaunce," offering an account of their actions and dispositions that the poet supplements with physical descriptions. Like "Will," the sins are both allegorized representations of the sins and flesh-and-blood people who commit sins.⁹⁴

Another example is John Gower's *Confessio Amantis* (c. 1390). Although its primary subject is secular love, the poem adopts the pastoral frame of the seven deadly sins. The poet yokes the penitential images of sickness and the cure of confession with the "maladie" of lovesickness.⁹⁵ The lovesick Amans pleads to Venus as "mannes hele," and Venus encourages him to "schew" his "sekeness."⁹⁶ However, as per the dictates of the Fourth Lateran Council mentioned above, Venus calls upon her priest to "hier this mannes schrifte [*confession*]" as all earthly medicine—although metaphorical in this case—must be preceded by spiritual medicine.⁹⁷ The poem includes a chapter on each sin, focusing on how the sins pertain to love with illustrative *exempla*. Beyond the initial conceit, the poem reveals an interest in medicine, the passions, and the physiology of the sins.⁹⁸

Outline

The first chapter proposes three ways in which medieval texts medicalize the seven deadly sins: as metaphor, as metonym, and as

material. These three models are considered in detail, and key issues relating to the interpretation of medical language in religious and literary texts, as well as religious language in medical texts, are outlined. The chapter also addresses the theoretical and practical relationship between spiritual and material medicine.

Following this chapter on the complex interrelationships of language, medicine, and sin, each sin is then allotted its own shorter chapter, following a variant of the Gregorian order adopted in many late medieval texts: pride [*superbia*], envy [*invidia*], wrath [*ira*], avarice [*avaritia*], sloth [*acedia*], gluttony [*gula*], and lechery [*luxuria*], or abbreviated by the first letters of their Latin names as *SIIAAGL*.⁹⁹ Each chapter is structured by the three models of its respective sin: metaphorical, metonymic, and material. While these models provide a means for organizing the material, their boundaries are not always so easily drawn. The figurative and the material become increasingly entangled, particularly as we progress from the sins of the spirit into the sins of the flesh. Therefore, while the chapters consistently follow these divisions, the length with which they are treated is not always equal nor their demarcation always clear, as will be noted in reference to the particular sins.

What emerges in this book is not a culture adverse to thinking about material explanations in relation to ethical choices and actions but rather a culture that made extensive use of circulating ideas, images, and practices. Although interpretations and the depth of engagement vary, medicine serves as a useful means to consider human frailty and resilience, as reflected in learned theology and simpler pastoral works. Despite continuing arguments that medieval orthodoxy smothered science before renaissance culture delivered us into modernity, the religious culture depicted here recognized the possibilities of new scientific ideas and actively sought to question, reconcile, and adopt them.¹⁰⁰

Notes

2. Medicine, Sin, and Language

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The body and its health are pliable images in Christian theology. ¹ In addition to positive references to physical health in the Old Testament, Christ performs many acts of healing in the New Testament. He heals leprosy, blood disease, paralysis, blindness, deafness, fever, physical deformity, dropsy, and so on. Yet in Luke 5:31–2, Jesus describes himself as healing spiritual sickness. ² “They that are whole [*sani*] need not the physician [*medico*]: but they that are sick. I came not to call the just, but the sinners to penance.” This explanation opens up the stories of physical healing in the New Testament to spiritual interpretation. When medieval sermons and other theological writings narrate the biblical stories of Christ as healer, the diseases and conditions that He heals often represent sins. Medical theories of contraries—that which is cold heals that which is hot, that which is moist heals that which is dry—allowed the easy transfer of the biblical theme to works on the vices and virtues. From an early date, contrary virtues were considered to heal vices. ³

Later pastoral writers also forged *Christus medicus* into an effective confessional image. ⁴ In confession, the penitent displays the wounds of sin, and the priest diagnoses an appropriate penance and cures by absolution. Penance is medicine that heals the sinner, and pastoral materials preserve countless examples of *Christus medicus*. The fourteenth-century *Lay Folks Mass Book*, for example, describes Christ as a trustworthy doctor and advises penitents to prepare for Eucharist, the ultimate goal of confession, which they will receive as the sick person who receives medicine. Biblical images of Christ’s healing also found their way into the liturgy; for example, in the eleventh-century Sarum Rite, which was used widely in the British Isles until the Reformation. ⁵ Although conventional in theological and pastoral texts spanning well over a millennium, *Christus medicus* varies in its medical

specificity and develops to unfold emerging and expanding medical practices, such as surgery. ⁶

Through this image and its extensions, medieval texts medicalize the seven deadly sins in a variety of ways, and this chapter proposes and examines three models: medicine as metaphorical, as metonymic, and as material. As metaphor, medicine and the sins have an analogical relationship. In this first section, I consider medieval and some modern theories of metaphor, specifically examining how metaphor makes meaning, the significance of metaphor in medieval culture, and, by implication, the meaning and significance of medicine as metaphor in medieval culture. As metonyms, medicine and the sins have a proximate relationship. Here, I focus on the passions, whereby the body relates to sin by proximity. The physical experience of the passions can influence or move the will, and the will is the proximate cause of virtuous or vicious action, according to thinkers such as Aquinas. In material terms, sins function as both the material causes and effects of bodily diseases. However, it is worth remembering that these metaphorical, metonymical, and material operations of medicine are highly contiguous. Finally, in this chapter, I consider the use of confessional and penitential imagery—the language of sin—in medical contexts, in which medicine is not metaphor but rather metaphor is medicine.

Medicine as Metaphor

Before thinking about how medicine might function as a metaphor, we need to define our terms somewhat. What do we mean by metaphor? How did medieval readers and listeners understand metaphor? What kind of responsibility did medieval texts and thinkers confer on metaphor for shaping ideas and ideologies?

Metaphor existed as a term and concept in the Middle Ages, deriving from the Greek and in turn Latin *metaphora*, or “carrying across.” However, medieval writers often borrowed from scriptural exegesis to describe the operation of metaphor, using words such as “spiritually” and “figuratively.” The use and interpretation of figurative language is critical to exegesis, the analytical methodology and practice of interpreting the scriptures. Origen (d. 254) and Tertullian (d. 240), theologians of the early Church, debated the spiritual and historical interpretation of the Old Testament. ⁷ Origen read the Old Testament spiritually in terms of what is to come in the New Testament, whereas Tertullian thought that both the historical narrative and spiritual reading had value. These two methods of reading the Old Testament are useful for thinking about metaphor more generally; those in Tertullian’s camp valued the historical (or figure) and the spiritual (or fulfillment) equally, while those in

Origen's camp valued the spiritual over the historical.⁸

In place of the historical and the spiritual, or figure and fulfillment, recent texts on metaphor often describe the two parts of metaphor as tenor and vehicle, or focus and frame.⁹ The tenor is the primary subject of the metaphor, or the ordinary and expected concept, and the vehicle is the unexpected concept, employed to illuminate some aspect of the tenor. In the metaphor of Christ the physician used by confessional writers, for example, Christ is the tenor and the physician is the vehicle. The question of whether metaphor and its interpretation prioritize the vehicle or the tenor is unresolved in contemporary discussions of metaphor. So, too, is the nature of their relationship. Although various philosophical theories concerning metaphor have been articulated in the last few decades, I focus on two schools of thought with reference to both the medieval and the modern: the idea of metaphor as substitution and the idea of metaphor as a cognitive experience.

In the theory of metaphor as substitution, the vehicle merely replaces the tenor. Aristotle famously defines metaphor in the *Poetics* as “giving the thing a name that belongs to something else.”¹⁰ When considering a metaphor through the lens of substitution, two opposed propositions present simultaneously: first, on its face, that the vehicle *is* the tenor; second, that the vehicle *is not* the tenor, applying Ricoeur’s “critical incision of the (literal) ‘is not’ within the ontological vehemence of the (metaphorical) ‘is.’”¹¹ In the metaphor of leprous sin, for example, both *is* leprosy and *is not* leprosy. Metaphor as substitution or complicit comparison cannot be cognitive. Or, as Ricoeur explains, “if the metaphorical term is really a substituted term, it carries no new information, since the absent term (if one exists) can be brought in.” Rather, “if there is no information conveyed, then the metaphor has only an ornamental, decorative value.”¹²

What would medieval thinkers have made of this substitution theory? The concept of an—“absolute equal sign of metaphor,” in which the vehicle simply substitutes for the tenor, does not parse with Augustinian theories of language.¹³ For Augustine (d. 430), the Fall, as a fall of language as much as the body, necessitates metaphor and all figurative language. Augustine argues that in the Garden of Eden, Adam and Eve could see directly to the souls of others, obviating all misunderstanding.¹⁴ Post-lapsarian people can no longer communicate internal thoughts and intentions without the aid of external language. Stripped of extra-linguistic, transparent communication, humans must rely on a discursive system of signs and signifiers. These material signs and signifiers, which represent “inner words,” constitute a land of unlikeness [*regio dissimilitudinis*]. Or as

one modern commentator glosses, “the fallen material world ‘differs’ or ‘others’ the ineffable world of God as embodied in signs and words, particularly metaphor and allegory, which are forms of *alieniloquium* (‘other-speech’).” ¹⁵

As this invocation of Jacques Derrida demonstrates, there are clear parallels between modern semiotics and Augustinian language theory. As one recent metaphor theorist explains, metaphor deals in “unlikeness and dissimilarity” as much as it does likeness and similarity. By making us “look at the world afresh,” it challenges and interrogates our understanding of the relationship between things. “How alike they are; and in what ways, in fact, they are irreconcilably unlike it seeks to ‘fix’ our understanding, but at the same time it reveals how any such fixity, any such desire for stability and certainty, is constructed on shifting sands.” ¹⁶ For Augustine, post-lapsarian language is beyond “fixing.” All assertions are “figurative, displaced, and fraught with (dis)similitudes.” ¹⁷ Medieval language theory would seem to exclude the possibility of metaphor as substitution.

However, despite their inherent flaws, language and metaphor do possess a potential cognitive function, at least in the medieval view. Eloquently vivifying his argument, Gregory the Great writes that “if by drawing an example from exterior things you penetrate the interior, you fill the stomach of your mind as it were filled with the game of the field.” ¹⁸ Metaphor demands interpretation, thus engaging the mind of the listener or speaker. Arguing against the proposition that theology differs from poetry, because “poetry contains the least truth” due to its “metaphorical locutions,” Aquinas compares the apprehension of poetry with that of theology in his commentary on the *Sentences* of Peter Lombard:

Poetic knowledge is of things which on account of a defect of truth cannot be grasped by reason and that is why reason must be seduced by certain likenesses; theology, however, concerns things which are above reason. The symbolic mode is common to them both, therefore, because neither is proportioned to reason. ¹⁹

Instead, the theologian assigns a cognitive function to poetry. When writing in *Summa Theologica* about the appropriate use of metaphors [*metaphoris*] in the scriptures, Aquinas comments that:

the ray of divine revelation is not extinguished by the sensible imagery wherewith it is veiled ... and its truth so far remains that it does not allow the mind of those to whom the revelation has been made, to rest in the metaphors, but raises them to the knowledge of truths. ²⁰

Following Aquinas, then, as regards the use of medicine as vehicle, an effective metaphor should cause the listener or reader to focus on the tenor of sin.

Although most famously denounced by empiricists working much later, such as Locke and Hume, metaphor would not have needed Aquinas' justification had similar ideas about its deceptiveness not been in circulation during his period, such as the opposition of figure [*figura*] and truth [*veritas*]. Framed as the opposite of *veritas*, metaphors can be sinister, deluding listeners and readers with their rhetorical flourish. As Paul de Man claims, "metaphors are much more tenacious than facts."²¹ Metaphors are politically and ideologically expedient, "naturalizing" conflicting and ambiguous social phenomena. Specifically, the use of disease as a metaphor for social ills as well as the use of other rhetorical domains to describe disease have been examined in historical and contemporary discourse.²²

To be effective, metaphors require a shared cultural context and shared beliefs. As the philosopher Max Black argues, metaphor works because of shared associations not because of the truth value of those associations.²³ Borrowing a phrase from Stanley Fish, we can say that metaphors rely on an "interpretive community."²⁴ How does an understanding of the interpretive community of late medieval England help us to parse the use of medicine as metaphor? Post-lapsarian theology, particularly regarding the body and language, collapses simplistic substitutions or equivalences of the body and transgression as "bad" in the metaphor of confession as medicine. Penance is less about punishment than it is about treatment. The processes of medical and spiritual healing are deeply intertwined and demonstrated even more clearly in the next two models of medicine addressed here: medicine as metonymic and material. For example, pastoral texts liken confession to a particular kind of medicine: betony. The correct response of the sinner to his own sin should be akin to that of a hart shot by an arrow. Once shot, the hart seeks running water, washes itself, and applies the herb betony, which "as leches saye ... wyll draw owte þe [iron] and hele þe wounde."²⁵ When struck with the arrow of sin, the sinner should seek "þis precius erbe bethanye, that is to sey, a preste."²⁶ The herb is commonly described in medieval herbal collections and learned surgical texts, such as those by Guy de Chauliac and Lanfranc of Milan. As the healing herb, penance is palliative.

Similarly, many texts feature analogies between the stages of penance and medical and surgical procedures. The homilist of a fifteenth-century sermon cycle describes how "a discrete confessor" prepares three herbs for the health of the soul. With the first, contrition, sinners "muste make a drynke" or weep for their sins. The

second is confession of mouth and the third satisfaction.²⁷ In the next sermon in the cycle, the homilist develops this image further, drawing on “experiens we haue in bodily sekene as it is opynly previd in fesyke” where the “fecissian” gives the sick person a certain order of medicines.²⁸ These include “preparatyfe” [contrition], a “purgatyfe” [confession of mouth], and a “proper sanatife” [penance and satisfaction].²⁹ Building on surgical practices, the fourteenth-century English pastoral manual *Jacob’s Well* likens the soul’s “hard obstynacye” [*hard obstinacy*] to the “deed flesch” [*dead flesh*] of a wound. The priest or surgeon must cut the wound with a “scharp corryzie” [*sharp corrosive*] that represents contrition, and then cleanse it with a “drawyng salue” [*extracting medicine*] that represents absolution, so that the wound of the soul does not “rotyne & festyr aȝen” [*rot and fester again*].³⁰ Although drawing on the generic *Christus medicus* metaphor, the language of the passage is steeped in the material reality of late medieval surgery, analogizing bodily inquisition by the surgeon to the verbal inquisition of the confessor.³¹

Furthermore, pastoral and poetic texts describe the sins themselves metaphorically through the vehicle of medicine.³² Some texts liken the symptoms of a particular disease or medical condition to the seven deadly sins. Often in reference to Christ’s healing miracles, for example, homilists correlate the sins with types of blindness or symptoms of leprosy. One homilist extrapolates from Christ’s miracle of healing a deaf and dumb man “v perlus [*dangerous*] thyngis” to which the sinner is disposed.³³ These traits relate to the experience of illness: ignorance of illness, “abhominacioun of remedy,” “wilfull frowardnesse [*disobedience*],” “corrupcion and infeccion of tho þat hurte hole pepyll be þere venomose langage [*corruption and infection of those who hurt healthy people with their venomous language*],” and “induracion in synne [*stiffening or hardening of sin*].”³⁴ I describe diseases and symptoms most commonly correlated with each sin in later chapters.

However, this broad outline and these few examples fail to do justice to the color and sophistication with which some medieval texts negotiate medicine as metaphor. Therefore, I use the set of edited macaronic sermons from Bodley 649 to illustrate in detail one example of the varied and complex ways in which medicine serves religious writers as a metaphor.³⁵ In this early fifteenth-century collection, the homilist deploys medicine as metaphor in a complicated argument about literalism and the interpretation of the scriptures. Although debated since the early days of the Church, literal and metaphorical truth, particularly regarding the Bible, were increasing theological concerns in England in the later Middle Ages.³⁶ Several proto-Protestant movements encouraged readings of the

scriptures as literal truth. ³⁷

Bodley 649 makes extended use of the images of the *Christus medicus* and the *Medicina Iesus*, who heals “men of hor [their] dedle sekenes” with “the ointment of his blood.” ³⁸ However, the cycle positions Christ’s healing within material medical practice by referring to medical authorities such as Hippocrates, Avicenna, and Galen, as well as enumerating medical techniques and providing detailed accounts of illness and physiology. Furthermore, the metaphor of medicine serves complex and sophisticated arguments about heresy. The homilist incorporates medicine into at least ten of the twenty-three macaronic sermons in this collection, often in detail.

Scholars have considered the Bodley 649 sermons’ relation to heresy and language. As for the first, the threat of Lollardy and affirmations of clerical authority saturate the sermons, probably reflecting the concerns of university men at Oxford, which was the epicenter of the period’s heretical and anti-heretical movements. ³⁹ The Lollards are attacked in almost every sermon in this collection. As for language, Siegfried Wenzel has looked at the macaronic quality of the sermons in the blending of English verses and phrases with the Latin text. ⁴⁰

The cycle is probably of Benedictine provenance, dating back to the early fifteenth century. Several of the sermons praise Henry V; one mentions his victory in battle, presumably the Battle of Agincourt in 1415. As the sermon refers to the king as living, we can assume that the text was written before 1421. ⁴¹ In one sermon, the homilist identifies himself with Oxford, and four sermons in this manuscript are also found in another manuscript known to have been produced at Oxford. In addition to paleographical evidence, the repeated disparagement of the Lollards and expressions of support for clerical authority strengthen an Oxford provenance. In the fourteenth century, Oxford was the university home of John Wycliffe (d. 1384), whose teachings were taken up by the heretical Lollards as well as the great adversary of the Lollards, Bishop Thomas Arundel (d. 1414), who convened an anti-Lollard council at Oxford in 1408. ⁴² The audience may have comprised both clerics and lay people, as both are addressed in the sermons.

Although much less established than on the continent, the study of medicine at Oxford existed during the fifteenth century, according to medical historians. ⁴³ Although increasingly secular as the century progressed, medicine retained its clerical connection at the university. The 54 known Oxford medical men of the fifteenth century included two bishops and other, lesser clerics. The Benedictine order, in particular, had long demonstrated a strong appreciation for medicine. For Benedict, care of the sick was a central concern, to which he

devoted an entire chapter in the Rule. Compared with several other religious orders, the Benedictines made far more effort to preserve medical learning. Every Benedictine monastery had its own *infirmarer*, a monk in charge of the infirmary who oversaw the care of the sick, and larger monasteries often had their own physicians.⁴⁴ The surviving book lists from Benedictine libraries in Oxford include books of medicine.⁴⁵

Regardless of whether the compiler was a physician himself, or of how many physicians might have been in the audience, Bodley 649 was undoubtedly produced against a cultural backdrop of medical learning in late medieval Oxford. Medicine, illness, and physiology have various functions in the cycle. First, illness and health represent post-lapsarian life. Second, illness serves as a tool provided by God. Third, medicine and illness contend against heresy. Finally, human physiology affords analogies for various didactic purposes. However, these categories are not mutually exclusive and often blend into each other, creating a continuum between material and metaphorical disease and treatment.

This coalescence is clear in the image of the diseased body as both symptomatic and representative of post-lapsarian life. As mentioned earlier in this chapter, medieval theologians argued that the Edenic body was free of disease. Labor, childbirth, disease, and death were punishments for the Fall. The homilist of Bodley 649 develops this theology in the first sermon in the cycle. He begins by translating the Gospel theme from 2 Corinthians 6, *Nunc dies salutis* ["Now is the day of salvation"] into English:

Alle seke and woful come to weele [*prosperity*],
Now is a day of gostle hele [*health*].⁴⁶

The homilist glosses the passage in medical terms. He first describes the pre-lapsarian body as free of grief and illness, then compares the course of human life to that of a disease:

And just as long-term illnesses, which according to the physicians are called chronic illnesses, begin at sunset and end at sunrise, so the long-term illness of the human race began when the sun of justice, God, receded from the human mind. And never would it be cured by plaster, syrup, or cordial until the Sunday of grace dawned in the birth of Christ.⁴⁷

Here, illness is both metaphorical and material as well as chronic and acute. Illness is to life (or death) as acute illness is to chronic illness.

Although material illness begins with sin, it also introduces the long-term illness of human life. The sermon then compares this long-

term illness with metaphorical illness and the healing of Christ. However, the rhetorical shift from material medicine to metaphorical medicine comes full circle with reference to King Hezekiah of the Old Testament, a recurring *exemplum* in the cycle. In this sermon, Hezekiah embodies the previous notion of the healing sun. The homilist writes that Hezekiah was “never cured of his fatal illness until the material sun moved backwards ten degrees.”⁴⁸ The sermon glosses the sun as a person’s behavior and way of life. Although the movement of the clock and sun is inevitable, it can be slowed down by adopting a moderate lifestyle and virtuous behavior.

Medical diagnoses and prognoses emphasize the inextricability of bodily and spiritual health. In one sermon, the homilist appeals to the audience who “can see every day before [their] eyes that through the misuse and excess of food and drink men fall into cotidian fever, from the cotidian into the quartan or acute, and there is nothing else but death.”⁴⁹ The sermon calls both the audience and the medical authority of Constantine the African’s eleventh-century *Viatica* as witnesses to the post-lapsarian body.

The homilist explains that the deterioration from fever to death is

Morally [*moraliter*] speaking, Adam ... who was pure without corruption, healthy in every way without any bodily infirmity or spiritual excess, by eating the forbidden fruit in paradise fell into the cotidian [fever] of original sin that just like a fever made his tongue lose taste so that he could not savor God or the spiritual food that was able to nourish his soul. At one moment it made him shiver with the cold of sorrow and fear, at another it burned him with the raging heat of carnal desires. This did not leave him, it hung continually over him, it was a cotidian fever. And by it man rushed through the misrule into worse, into the acute [fever] of actual mortal sin which burned him so grievously, body as well as soul, that as all doctors said there was only one way for him.⁵⁰

Speaking *moraliter* or spiritually, material illness serves as a common term on both sides of the analogy between spiritual and bodily health, as in the previous sermon. Adam’s sin is punished by a metaphorical fever that represents the introduction of the passions, such as sorrow, fear, and desire; those who come after him are subject to material punishment. Bad behavior progresses like a fever, leading to inevitable death. Medical imagery thus illuminates the spiritual dimension of what we “see” [*videmus*] or witness in the material body.

Continuing his discussion, the homilist describes how “the experienced doctor Jesus out of his great mercy gathered cold herbs in the field of his humanity to reduce our burning fever.”⁵¹ Although there are both hot and cold herbs to be found in this garden, those

that temper the fever of sin are hunger, thirst, poverty, and sickness. Following the theory of contraries—here, that cold cures hot ailments—material sickness cures metaphorical sickness. The homilist concludes with a passage from Luke 4:38–9, in which Jesus cures Simon’s wife’s mother of her fever. For the homilist, the woman’s material fever is also “the fever of mortal sin.” ⁵²

This rich concatenation of metaphorical and material fever demonstrates that human physiology is a physical manifestation of spiritual disposition. Inspired by the biblical tale in which Jesus heals the son of a *regulus* who suffers from fever, the condition is also used as a symbol for sin in an influential sermon collection by Jacobus de Voragine (d. 1298), whose sermons were circulated in England and were translated into English. As Jacobus writes on the 21st Sunday after Trinity, “as there are various kinds of fevers, so there are various kinds of sin.” ⁵³ However, the homilist of Bodley 649 draws an explicit connection with the material phenomenon of fever, with reference to both Constantine and the experience of the listener. ⁵⁴

While intricately connected with sin, illness also comes from God to instruct and rectify the faithful, as conventionally claimed in writings on patience and tribulation. In the macaronic sermons of Bodley 649, God sends illness “so that we might flee to his mercy and master ourselves.” ⁵⁵ Elsewhere, the homilist compares the world to a sea that ebbs and flows between sickness and health. ⁵⁶ This tribulation provides “interior insight and knowledge of oneself.” The homilist then moves from this material disease that provides spiritual health to consider how a metaphorical disease generates spiritual disorder.

However, it is in another of these seas—“false Lollardy”—that the homilist most fully demonstrates his medical sophistication and creative application of medicine as metaphor. The infection of heresy is a conventional image, but the homilist’s version is idiosyncratic:

Whoever, man or woman, falls into these false beliefs, dries up immediately, loses his spiritual life ... You wish to see this with your own eye? According to the Philosopher, bodily life rests in the proper proportion of natural warmth and deep-rooted moisture. Likewise, the spiritual life rests in the proper proportion of the heat of charity and the moisture of devotion. But this spiritual life withdraws itself from the heart as quickly as someone falls into these false beliefs. As soon as he is infected, he begins to detract from his neighbors, to reprimand religious. ⁵⁷

Citing Aristotle on humoral balance, the homilist uses medical physiology to convey spiritual disease or imbalance. Similar to fever, which is compared to post-lapsarian life, the drying of the body

provides a palpable analogy for heresy. What makes the homilist's physiology of heresy so intriguing here is its distance from more conventional images.

In by far the most established symbolic tradition, heresy aligns with leprosy. The physical spots of leprosy represent the defilement of the body of the Church by heresy. An early example in Gregory's *Morals on the Book of Job*, for example, glosses the ten lepers healed by Jesus in Luke 17 as heretics returned to the body of the Church. Likening heresy to the condition of the skin during leprosy—healthy and of normal color mottled with bright patches—Gregory writes that “lepers therefore are a figure of heretics, for in that they blend evil with good, they cover the complexion of health with spots.”⁵⁸ Likewise, Aquinas considers the physical symptoms, contamination, and contagiousness of leprosy with the characteristics of heresy in *Summa Theologica*.⁵⁹

Several scholars have shown how these conventional images of the leprosy of heresy were deployed in ideological campaigns against various heretical sects from the eleventh to the thirteenth centuries. R. I. Moore traces the image of leprosy used to castigate groups seen as heretical, such as Jews and Waldensians.⁶⁰ During these centuries, the disease of leprosy was also a material epidemic, which began to decline dramatically in the thirteenth century. Nevertheless, leprosy persisted as an image for heresy in writings contemporary with the Bodley 649 cycle. For example, in *Loci e libro veritatum*, Thomas Gascoigne (d. 1458) attacks Reginald Pecock (d. 1460) for his unorthodox beliefs with such imagery: “this Bishop Reginald of St Asaph in Wales had many kinsmen who were lepers and was disposed to leprosy of the body; also this bishop had leprosy in the mind, i.e. he was rumored to have been a heretic.”⁶¹ Gascoigne here suggests not only that Pecock's ancestors were lepers and therefore that Pecock is physically disposed to the disease but also that he exhibits symbolic symptoms of leprosy due to his heretical beliefs.

The compiler of Bodley 649 does not reference leprosy in the sermon quoted above, instead developing a more specific physiological analogy to show how heresy might function in the body. To the best of my knowledge, this physiology of heresy is unique. However, it is consistent with the general view of decline and death represented in medieval medicine, specifically as the loss of warmth and moisture. Most of the other references to heresy in the collection are less detailed and more conventional than the previous description. In other sermons, for example, Lollards “infect” the people with false doctrine. However, the disease of heresy is also material, as where “pestilence and misery” fall upon those who support the Lollards and allow them to thrive.⁶²

The homilist extensively exploits the connection of heresy with disease in Sermon 18, using the theme *He cured him* from Luke 14. This biblical passage offers the story of Jesus healing a man with dropsy. Where we would expect conventional analogies, such as comparisons of salvation to health and sin to disease, the sermon incorporates the additional concerns of literalism and the threat of Lollardy, knitting medical analogies into a complex and cohesive rhetorical argument.

Although initially citing Luke as the theme, the homilist proceeds immediately with a story from Joshua 7 in which Achan steals a scarlet mantle and a bar of gold, and buries them in the ground, against God's commandments. Joshua raids the city in retribution; the goods are recovered and Achan is stoned to death. The sermon states that "this is the story according to the sound of the letters," indicating that a greater spiritual dimension will be unfolded. The homilist explains that the bar of gold signifies the Christian religion and creed hidden by "Lollards who examine sacred scripture and take only the letter and not the meaning [*litteram et non sensum*]." ⁶³ The mantle is understood as

community, for just as the mantle covers the body, keeps the heat within, and protects it from the great cold and storms, so the spiritual mantle that covers each one preserves the natural heat of the virtues and defends it against the sharp assaults of bodily and ghostly enemies. ⁶⁴

Once again, the Lollards are linked to pestilence, as without the "coverlet of love and charity," the faithful are exposed to the "loss of property and disease of animals, pestilence of men." ⁶⁵ Although the story of Achan is cited by earlier medieval homilists in reference to heresy, particularly to justify aggressive anti-heresy measures, the homilist here develops the image of the cloak, emphasizing the danger and vulnerability created by escaping heat, as an extension of the physiology of heresy presented earlier in the collection. ⁶⁶

However, the entire sermon can also be seen as a discourse on literalism. In the *Christus medicus* image that follows, the most extensive in the collection, the homilist provides interpretative readings of the biblical text. However, material things—bodies, illnesses, and medicines—are not merely signifiers; on the contrary, they are integral to the meaning. After telling Achan's story, the homilist expounds on three biblical examples of Christ's acts of material healing in the New Testament, including that which with he began the sermon. These stories concern the three sicknesses that most grieve the children of Adam: dropsy, palsy, and blindness. The homilist then describes these three illnesses in detail, referencing

Jesus' healing of people with equivalent conditions in the Gospels, and thus, suggesting the inter-relatedness of moral and medical conditions.

The man with dropsy from Luke 14:2 either spiritually or metaphorically [*moraliter*] represents greed, as per well-established tradition (see the chapter on avarice).⁶⁷ However, people suffer many physical ills in pursuit of material gains, such as chills, hunger, and thirst, from which the homilist concludes that "this is a sorry sickness" [*Ista est a sory siknes.*]⁶⁸ Although Jesus is previously mentioned as the healer of material dropsy in the biblical story, the cure for greed is not directly associated with Him but rather with works of mercy.

Next is the shivering palsy, which is compared to sloth [*bene comparari accidie*]. Just as paralyzed limbs break down and weaken "so they cannot accomplish the required motion, so sloth, by repelling virtues and by accepting vices, delights so much that one cannot work meritoriously and so fix love or heart on God as one ought" (see the chapter on sloth).⁶⁹ The use of *figurati* to gloss John 5, in which a paralyzed man claims that he cannot be healed by baptism as no one will carry him into the water, underlines the necessity of interpreting medicine in spiritual terms. The habitually sinful *fuerunt figurati* ["were symbolized"] by this man, and must think of Christ's counsel: "rise up from your sin through contrition, take up the sordid mat of sins and bear it in heart to your curate, and lay it there, and go do penance, pursue virtue and good living."⁷⁰

Finally, the sermon compares blindness to the condition of "those who fall in despair and *wanhope* [hopelessness]."⁷¹ These blind people are advised to bathe and wash "by frequent meditation, in the precious stream that flowed from [Christ's] wounds."⁷² Although obviously connected with the healing of the blind Longinus and reiterated in other miracle stories, blood was prescribed as a cure for blindness in a host of medical recipes.⁷³

At the culmination of this sermon, which begins with Lollard literalism and works through greed (dropsy), sloth (paralysis), and despair (blindness), the homilist shows how the crucified Christ cures the heritage of Adam's sinfulness. This image, however, expands the traditional metaphor of the *Christus medicus* into a protracted and provocative image. Christ here acts according to medical convention, initially taking the pulse of the sufferer and diagnosing the ailment as "the great illness and disease that mankind suffered: hunger and thirst, sickness and cold, anguish and poverty." He then prescribes a diet of spiritual food in the form of preaching and teaching, "that he should reject the uncleanness of sin and live in virtue and honesty." Finally, "for complete healing," he makes an ointment by crushing his own body against the wood of the cross, and laying it against the wound of sin. In this final procedure, Christ is both *medicus* and

patient. The three tenets of medicine are practiced here: diet, pharmacology, and—the most radical—surgery.

This image, and indeed the homilist's use of medicine throughout the sermon, counters Lollard literalism by complicating the division of spirit and letter. For if Christ's sacrifice can only be read literally, what is its continuing meaning for the faithful. Concerned that the sickness might relapse, Christ ordains "the wise recipe of confession," whereby the faithful can seek treatment for their sins.⁷⁴ Christ's sacrifice whereby he "poured out the blood of his heart to cure you from your sickness and purge you from your sin" continues to be administered through priests. Rigorous literalism threatens not only the health of the religious community, as seen earlier in the image of the cloak, but also the health of individual souls. In another context, the homilist urges priests to "lay [their] book aside" and exercise their discretion when assigning penance if they see a man or woman on the verge of despair.⁷⁵

The emphasis on faith and the salvation of souls over knowledge and book learning for their own sake is a recurring theme in the sermon collection, and one that the homilist specifically relates to medical learning. For example, he uses physiological digestion to describe the sacrament. Here, the mysterious internal workings of the body are compared with the greater mystery of transubstantiation.

Since you cannot give a natural reason for those things that you see in nature, do not marvel if this venerable sacrament, which is above nature, exceeds your reason, for since food and drink that you take into your body is turned by virtue of natural heat into your flesh and blood, so much more may almighty God who created all out of nothing by virtue of his words turn the substance of bread and wine into his body and blood.⁷⁶

Although comparable, digestion and transubstantiation are not directly correspondent. Furthermore, the greater mystery serves to remind the audience of human ignorance of much simpler matters—which might have been particularly resonant for an Oxford audience.

This theme of intellectual humility is further heightened by the previous discussion in the sermon of the value of the seven liberal arts.

Christ Jesus, lamenting the foolishness of such a rational creature, descended into the schools of the Church to teach us a new lesson. And what, do you think? Not of grammar, or logic, or astronomy, or music This lesson is more necessary to the human soul than Horace or Ovid, or all the poets, who ever were. Even if you have never looked at Terence or Scotus you can enter

the kingdom of heaven, even if you are ignorant of Euclid or Plato you can be saved. ⁷⁷

Ultimately, medicine serves the homilist and the faithful as a tool by which the spiritual can be understood, if imperfectly, through learning, natural reason, and empiricism. However, while serving as a useful and rich source of imagery and argument, medicine as metaphor also reminds the faithful of their weaknesses, whether of body, mind, or spirit.

Medicine as Metonymy

In *The Rule of Metaphor*, Paul Ricoeur distinguishes between metaphor and metonymy as follows: “metonymy rests on contiguity and metaphor on resemblance.” ⁷⁸ This contiguity or proximity often entails a physical adjacency, just as bottle is adjacent to liquor in “taking to the bottle.” However, the related or proximate element, “bottle,” is not a material part of the absent referent, “liquor,” as it would be in an synecdochal structure. Both metonymy and synecdoche “point one directly to the absent term.” ⁷⁹ But where synecdoche refers to an element via a component of that element, metonymy refers to an element via a related or associated element.

Medieval accounts of rhetoric use and define both synecdoche and metonymy. Synecdoche means the same as it does today: “a figure ... whanne a part is set for al, either al is set for oo part.” ⁸⁰ *Denominatio* denotes metonymy in classical and medieval rhetoric. ⁸¹ Whereas the modern English “denomination” simply signifies naming, the term has a more specific rhetorical meaning in Middle English. However, Middle English texts do not use “denominacioun” consistently as a synonym for metonymy. John Trevisa’s translation of *De Proprietatibus Rerum* explains that although “angels kynde haue no mater nōþir lineaciouns and schappe of body,” they are often painted “in bodilich liknes, and scripturis makeþ of mynde þat þey haueþ diuers lymes [parts] and schappis.” It is through “denominaciouns of lymes þat beþ iseye, vnseye [invisible] worchinges of heuelinche inwittis [spirits] beþ vndirstonde.” Elucidating some of these “denominaciouns,” For example, Trevisa writes that by the angels’ hair is understood “affecciouns and þouʒtes þat springeþ of þe roote of þouʒt and mynde.” Yet these comparisons suggest symbolic correspondence, rather than metonymy. Therefore, to avoid confusion, I use Ricoeur’s definition of metonymy, which exists between the realms of metaphor, or the purely symbolic, and the material.

How might sin and medicine relate contiguously—that is, metonymically—on the boundaries between metaphor and materiality? In this section I suggest that medical and religious

accounts of the passions explore the metonymic relationship of medicine and sin. Medieval texts vary in their distinctions between passions and sins, as well as offering different accounts of the point at which a passion becomes a sin (if indeed at all), the physiological necessity of the passions, ways of acting upon the passions, and the involvement of reason and will. Whereas theologians usually take care to distinguish passions in their writings on the sins, pastoral writers are often more ambiguous. The passions are critical to understanding human culpability and distinguishing deliberate sinful acts from the unavoidable and universal experience of being human.

Early theologians, such as Augustine, incorporate the passions into their discussions of post-lapsarian man. Although humans had passions before the Fall, they were then under the total control of the rational will. Since the Fall, humans have experienced passions as spontaneous reactions to stimuli, just as animals do. However, Augustine argues in *The City of God* that passions are expressions of the will. If the will is moral, so are the passions. If the will is deviant, so, too, are the passions.⁸² After first experiencing an involuntary impression, a person makes a judgment on the value of this impression. Therefore, the passions, when understood as involving the reason and will, are morally either good or bad.⁸³ Gregory the Great thought that wrongly directed passions became venial sins immediately, even if they occur too rapidly to be controlled by the will.⁸⁴ These positions were much debated in the following centuries.⁸⁵

However, in the later Middle Ages, the circulation of medical knowledge changed the vocabulary and frame of the discussion. Middle Eastern medicine incorporated the passions into the Galenic system of the four humors (melancholy, choler, phlegm, and blood) and the three spirits (vegetative, vital, and animal).⁸⁶ Passions were considered one of the “non-naturals” that influenced human health and disposition; the others were diet, sleep, air quality, excretion, and exercise. Responding to sense impressions, the passions influenced physical changes in the body. One of the most widely cited sources on the passions in the later Middle Ages, the Persian physician Ali ibn al-’Abbas al-Majusi (d. c. 994), whose name was Latinized as Haly Abbas, describes the passions as forces that prompt vital spirits and natural heat to move either toward or away from the heart. For Haly Abbas, the passions are joy, sadness, fear, anger, anxiety, and shame.⁸⁷ While the passions are not themselves “natural,” they can effect physiological changes in the body. Physicians often used the passions in medical treatments, and at other times, remedied them with other medical treatments, such as herbs.⁸⁸

Rather than simply symptomatic of humoral balances—sadness, for

example, as a symptom of melancholic imbalance—the humors are believed to actually affect the ways in which the body experiences the passions; that is, how quickly they pass or how slowly they build. For example, the *Canon of Medicine* by the Persian physician Ibn Sina (d. 1037), Latinized as Avicenna, contrasts anger experienced as choleric, which quickly subsides, with anger experienced as a melancholic, which builds slowly into rancor.⁸⁹ Translated slightly later than Haly Abbas, in the mid-twelfth century, Avicenna's writings on passions were also very influential in late medieval thought. His own *De Anima* draws on Aristotle's *De Anima*.⁹⁰

Avicenna also posits a tripartite division of the soul: the vegetable soul responsible for nutrition, growth, and reproduction; the animal (or sensitive) soul responsible for apprehension and movement; and the human (or intellective) soul responsible for reason and choice. Passions belong to both the sensitive and the intellective soul. After receiving sense impressions from the sensitive soul, the human estimative power makes judgments about the potential pain, pleasure, or harm caused by objects. Particular judgments activate particular movements; for example, away from or toward an object. In this way, the physiological effects of the passions serve the intellect's judgments. For Avicenna, the physical body follows the lead of the immaterial soul. As an example, Avicenna describes the healing power of positive thinking as a way in which the intellect alone can produce physiological changes.

In his writings, Avicenna also considers certain passions shared by humans and animals, as well as distinctively human emotions such as shame and wonder. Whereas preservation instincts or previous experiences drive the passions experienced by animals, human passions incorporate a variety of other considerations, such as social norms, values, and habits.⁹¹ This distinction is consistent with that made in later medieval medical texts, which explain that both animals and people are subject to passions, but that animals are led by their passions, whereas human passions are subject to reason or the rational power. As the English encyclopedist Bartholomaeus Anglicus writes in *De Proprietatibus Rerum*, “wrappe [*wrath*], fitinge, indignacioun, enuye [*envy*], and suche passiouns” “ariseþ in opir bestis ... withoute discrecioun. But in men suche passiouns buþ [*are*] ordeyned [*controlled*] and iruled by certeyn resoun [*reason*] of wit.”⁹² Avicenna divides the passions into the *concupiscible* passions, which involve desire for food, money, and sex, and the *irascible* passions, which involve the desire for victory or to avoid unpleasant things. For Avicenna, the irascible passions include pain, sadness, fear, and anger.⁹³

Drawing on medical and earlier philosophical works, particularly

those ideas of Avicenna as described above, Aquinas' treatise on the passions, enclosed in his *Summa Theologica*, is the most extensive discussion of the passions in the Middle Ages, which "set the agenda for later medieval discussions of the passions."⁹⁴ Aquinas suggests that there are two kinds of passions: passions of the body [*passiones corporalis*] and passions of the soul [*passiones animae*]. The passions of the body include hunger, thirst, and pain, while the passions of the soul include sorrow and love. The passions of the soul, however, are natural, and therefore ethically neutral, psychosomatic responses to stimuli.⁹⁵ They belong both to the soul and to the body. The material movement of the body—*transmutatio corporalis*—always accompanies an immaterial movement of the soul. Passions are motions or movements of the sense faculty on apprehending a "sense good" or a "sense evil." Sense good and sense evil simply refer to objects known through the senses. Such bodily changes may include the enlargement or contraction of the heart, a decrease or increase in the pulse and the movement of the limbs. However, these changes are simultaneous with the mental changes, rather than acting according to a "cause and effect" relationship.⁹⁶ Humans and animals share the passions of the soul. However, Aquinas also designates intellectual affections as shared by humans, angels, and God. These are movements of the will, which involve only the intellective faculty. However, in practice, the affections often blend into the sense faculty, as we will see in relation to some of the more intellective sins such as pride and envy.⁹⁷

Following Avicenna, Aquinas categorizes the passions as either *concupiscible*, driven by the perceived pleasure or pain incurred by the perceived object, or *irascible*, driven by the perceived difficulty of acquiring or avoiding the perceived object. Irascible passions are experienced only after concupiscible passions. The concupiscible passions are love, hatred, desire, aversion, pleasure, and sorrow; the irascible passions are hope, despair, fear, daring, and anger.

Although the passions themselves are ethically neutral, the actions and thoughts that proceed from them are not. Therefore, the role of reason in the passions is fundamental to Aquinas' anthropology. To live an ethical life is not a matter of removing oneself from the passions, rather passions are fundamental to an ethical life.⁹⁸ It falls to human reason to rule the passions, guiding them to virtuous actions and thoughts. However, reason can be misguided and at times overwhelmed by the intensity of passion. In these cases, passions can facilitate sin.

Furthermore, the body and its physiological dispositions can influence the passions. Although the will is free, the natural state of the body may incline the soul to act in certain ways, such as through habit. Aquinas also argues for the power of habit to moderate

spontaneous reactions. The repeated interaction of passion and reason creates certain character traits. Although free to act differently, people are disposed to act in certain ways by the patterns created by passion and reason.⁹⁹ One reader of Aquinas gives these examples: “the grumpy individual becomes habitually alert to opportunities for sarcastic remarks, and skilled in their delivery; the Boy Scout is quick to help an elderly woman cross the street, even after his daily good deed, and makes conversation with her easily.”¹⁰⁰

For Aquinas, the will and all human activity directed by the will conduce toward happiness, or at least the perception thereof. Sin lies in the faulty perception of happiness. For Aquinas, “there are no supernatural forces of evil at work in the deadly sins but the human’s soul’s quite understandable but mistaken pursuit of a lesser good.”¹⁰¹ Likewise, there is no conflict between human nature and desires and the commandments of God, a point raised in pastoral manuals. On the contrary, God’s law is “ancillary to our natural inclinations.”¹⁰² Rather than a defect in or danger to virtue, the passions are essential to virtue. “Virtue consists not in the forced submission of passion to reason, or the evisceration of passion into something manageable, but the rational ordering of the various faculties toward human flourishing.”¹⁰³ Of course, the role of the passions in virtue must involve reason. Accordingly, Aquinas groups the passions by the virtues: temperance with the concupiscible passions; fortitude with fear and daring; magnanimity, with hope and despair; meekness with anger.

Whereas Aquinas conceives the passions as belonging to both the body and the soul, and thus contiguous to vice and virtue, other medieval thinkers present the passions differently. A later, contentious voice emerges in the writings of the English Franciscan friar William Ockham (d. 1347), who roundly rejects the idea of virtue as passion rightly seasoned with reason and sin the inverse. Instead, Ockham locates passions strictly in the sensitive soul, necessitating an even stronger line on the neutrality of the passions and the sharp separation between passion and sin.¹⁰⁴ If passions are located only in the sensitive soul and do not involve reason, they cannot become the basis for virtue or vice. Accordingly, Ockham attempts to dismantle any blame (when framed as vice) or reward (when framed as virtue) for natural or innate qualities.

Whereas Aquinas might be “the voice of the unflappable clinician” seeking a pathology of evil and offering an “almost utterly naturalized picture of the vice,” Ockham leaves the question of the body, its passions, and its inclinations to the physicians.¹⁰⁵ For example, he describes how heat leads to a superabundance of passions in the body. Mortifying the flesh and fasting might weaken the body’s hot quality.

However, balancing the influence of qualities such as heat on the humors and passions “is mainly a matter for physicians to determine, since they should have more experience with changes in bodily humors.” ¹⁰⁶

While providing an intriguing counterpoint to Aquinas, Ockham faced censure for his ideas, which are unlikely to reflect a widespread understanding of or sympathy with attitudes toward the separation of body and sin. In attributing tinder for sin [*fomes peccati*] to the body and not to the sensitive soul, Ockham also claimed that Christ would necessarily have experienced passions and desires, such as sexual lust. For this idea, among others, he faced charges of heresy. ¹⁰⁷

However, in addition to particular conceptions of the passions found in Latin theological contexts, passions are more simply understood as impulses that need to be controlled because they could prompt sin. For example, in a sermon for the Day of the Martyr, John Wycliffe (d. 1384) writes that passions result in either “synne” or “mede” [*reward*], depending on how they are “reulid” [*ruled*]. ¹⁰⁸ Comparably, in his translation of Boethius’ *Consolation of Philosophy* (ca. 1380), Geoffrey Chaucer warns against allowing the passions to “overcomen” or “blenden [*blind*]” the listener or reader. ¹⁰⁹

The topic of the passions also intrigues the English bishop Reginald Pecock (d. ca. 1461), who in several of his vernacular works engages with the distinction of vice and passion. Pecock provides a systematic account of the distinction between passion and sin that is consistent with contemporary accounts. He defines passions as “suffryngis of þe wil” rather than “actijf [*active*] or wirching [*working*] deedis of oure wil.” ¹¹⁰ Stirred by sense impressions—that which is seen, heard, touched, smelled, or tasted—passions are themselves not ethical; they are neither virtues nor vices.

Due to their basis in the humors and complexions, passions cannot be eradicated, according to Pecock. However, they can be controlled by balancing the humors, which is accomplished by managing diet and the other non-naturals. For example, the passion of envy can be controlled by manipulating the melancholic humor. ¹¹¹ However, if a passion repeatedly develops into a sin, that sin can become habitual. As Pecock writes, when a “disposicioun” develops into a “degre of stabilnes and of vnremouabilness, þanne it is clepid [*called*] an ‘habite.’” ¹¹²

Albeit to a lesser extent, pastoral writers also take up the question of habits and passions in their discussion of the vices. The compiler of *Fasciculus Morum* roundly condemns the invocation of habit to excuse sin: “sometimes they blame their own habit [*consuetudinem*],” saying “I would gladly correct myself, but I am so used to swearing that I can in no way leave it.” Such an excuse heaps more blame on the

confessant, the compiler argues, first “because it increases rather than decreases one’s sin” and “second because you yourself have brought yourself to the vile habit and no one else.” The text emphasizes this point by comparing confession to the court. If the defendant stands before the judge, saying “‘Certainly, my Lord, I am so used to these that I cannot abstain from them,’ what good would such an argument do you, I ask? Surely, with it you would condemn yourself.” ¹¹³

The precise nature and role of the passions and habits in influencing human behavior are significant to legal texts, which are worth considering briefly here in relation to pastoral theology. The early fourteenth-century Anglo-Norman *Le mireur a justices* [*Mirror of Justices*] outlines several significant issues related to the body and sin. Steeped in the language of sin and penance—the text distinguishes between spiritual sins [*pecchiez espiriteus*], which are governed by canon law, and *material sins* [*pecchiez materieus*], which are governed by princes and common law—the *Mirror* distinguishes between the will and action to characterize sin as distinct from fault.

Furthermore, the text offers classifications for madness that measure blame in terms of the will, particularly as regards homicide. All fools, the text argues, can be judged as homicides except *les foux nastes*, those born with intellectual impairments or those who develop them from accidents, and children under seven years old (typically the age of discretion in medical and religious discussions). ¹¹⁴ What distinguishes the *fol nastre* and the child from other murderers is their lack of corrupt will [*parmi voluntie corumpue*]. Their innocent conscience and lack of discretion—here, the ability to distinguish right from wrong—ensure that there can be no such corruption of will. However, not all madmen are exempt from sin and corrupted will. ¹¹⁵ Those suffering from acute madness, the “raging fools” [*fous ragie*] can be held accountable for their actions.

As to madness we must distinguish [*des arragez ensemment fet a destincter*], for those who are frantic or lunatic can sin feloniously [*ar les frenetics e les lunatics poent felonnesement pecchir*], and thus may sometimes be accountable and adjudged as homicides [*e issi sunt il contables pur homicides ascuns foit e jugeable*]; but not those who are continuously mad [*mes ne mie les continuelement arragez*]. ¹¹⁶

This passage posits that the temporarily or sporadically insane *could* be held accountable not that they always *were*. ¹¹⁷ Indeed, evidence shows that English juries in the later Middle Ages most often acquitted the mentally ill. ¹¹⁸

Although it will be immediately clear how certain passions correlate with the sins—anger for wrath; the concupiscible passions

for gluttony and lechery—others are less evidently connected, and will be discussed at greater length in their individual chapters, drawing on the ideas sketched previously. Wrath, however, is the ultimate example of the urgency of attempts to disentangle passion from sin. The passage quoted above from the *Mirror of Justices* concerns homicide, and it is the passion of wrath or anger that commonly brings together moral and material motivations, as it does in many legal systems today. ¹¹⁹

However, it is worth noting that religious writers also use medical explanations of the passions metaphorically. For example, *Summa Virtutum de Remediis Anime*, a thirteenth-century English pastoral treatise on the virtues commonly circulated with *Summa Viciorum* of William Peraldus, provides the following physiological etymology for the cardinal virtues:

They are called “cardinal” as if of the heart, because according to Isidore *cardias* in Greek means heart. Whence a passion is also called *cardiaca*. For as the heart is the principle of life in an animate being, giving it motion and sensitivity through which the soul goes outside itself into external actions, so these virtues rule actions and direct them toward a proper end and teach the means by which one comes to the good. ¹²⁰

While offering a figurative explanation for the importance of the cardinal virtues, the author reveals a medical understanding of the function of the passions as directed by the movement of the vital spirits through the heart, the soul spurring the body to action.

Medicine as Material

This section considers the material relationship between medicine and the sins: the use of medicine and illness to deter and cure sin, material sickness as a sign of spiritual sickness or sin, and medical conditions as a cause of sin.

The positive use of material medicine in the promotion of spiritual health has a long pedigree. Both theologians and physicians discuss the roles of medical treatment and physical health in correcting immoral behavior. Theological passages on material medicine, as well as medical passages justifying their own practice, often cite the book of Ecclesiasticus. ¹²¹ After claiming that “there is no riches above the health of the body” in 30:16, Ecclesiasticus warns against sadness, envy, and anger as detrimental to health and causing death, yet praises joy and abstinence for their contribution to health and the preservation of life. A few chapters later, Ecclesiasticus 38 expressly praises material medicine as created by God: “the most High hath

created medicines out of the earth, and a wise man will not abhor them.”

Specifically, medicine restores the body and reason, enabling the faithful to make ethical choices. For the physician Haly Abbas, medicine restores a person’s humoral balance, allowing him or her to exercise the highest reason and ethical judgment. The human mind [*animus*] cannot prosper “without the health of the rational soul, and the health of this is obtained only when the vital soul and the natural soul are healthy, nor can either of these be healthy without a healthy body, and this comes about from the balance of the humors.” ¹²² Later texts, such as an anonymous fifteenth-century medical treatise, echo such arguments for the necessity of medicine, on the grounds that physical health preserves reason. ¹²³

Some medieval religious texts advocate the use of material medicine to prevent sins, or spiritual sicknesses, in general. Measures to prevent sin were practiced by the desert fathers and took on a renewed vitality under the Cistercians in the eleventh and twelfth centuries. ¹²⁴ One example of the role of medicine in religious life is the use of bloodletting in monastic houses. Healthy religious practiced bloodletting as a preventative measure guarding spiritual and physical health. ¹²⁵ Knowledge of such material practices enriches our understanding of how medical metaphors, such as bloodletting, might have been understood.

Furthermore, pastoral and theological texts enumerate the spiritual benefits of material sickness. These passages often occur in discussions of patience or anger. The author of the *Summa Virtutum de Remediis Anime* offers a surgical metaphor—“diseased flesh which cannot be healed by a poultice or a plaster is sometimes healed by cautery; thus a spiritual sickness by bodily pain”—before listing 12 benefits of bodily infirmity. Furthermore, the text creates a context in the extraordinary suffering of Christ and his role as *Christus medicus* for the more ordinary suffering of the ordinary faithful:

He literally [*ad litteram*] bore the defects of human weakness [*defectus humane infirmitatis*] when he had no causes of infirmity from the good constitution of his own nature [*cum ex bonitate sue complexionis non habuit causas infirmitatis*] ... he took away, sickness from the sick as a physician, not that he might receive it in himself but that he might heal the heavenly physician [*medicus*] brought not only the remedy of patience for bodily infirmities, but also the remedy of penance for spiritual ones. ¹²⁶

This passage draws attention to the material infirmities and weaknesses adopted by Christ for spiritual purposes. They are not metaphorical but *ad litteram*. The significance of physical suffering is

clear in an *exemplum* in *Fasciculus Morum* in which a sickly friar feels punished by God when his sickness vanishes. ¹²⁷

However, beyond this broad sense of the potential of physical illness to engender spiritual health, specific medical cures were held to render specific behavioral changes. Special diets feature regularly, as examined in more detail in the chapters on gluttony and lechery. References to such diets, often designed to combat lechery and promote continence, occur in both medical and religious texts. However, thinkers disagree on the moral significance of these cures. Ockham thought that such diets were purely a matter of physic. As we have seen in the previous section, according to Ockham, the virtue (continence) rendered by medical fasts is not virtue at all. Likewise, other writers urge against the use of medical cures strictly for the body. In the penitential treatise rounding off the *Canterbury Tales*, for example, Chaucer's Parson argues against abstinence for its own sake. Although citing the wisdom of Galen, the Parson remarks that he holds abstinence "nat meritorie" if a person "do it oonly for heele of his body." ¹²⁸

However, while some texts debate the positive uses of medicine and illness for spiritual health, others postulate a materially causal relationship between sin and disease or bodily deformity. As the Archbishop of Canterbury John Pecham (d. 1292) states, "a defect of the body is caused by a defect of the soul." ¹²⁹ The basis for this reasoning is biblical—Leviticus 21:17–21 lists the physical deformities of priests—and underpins the injunction against parish priests with deformities from performing the mass. However, later medieval Church records of supplications by priests exhibiting *defectus corporis* [defect of body] suggest that papal dispensation was quite common. Supplicants often pleaded that their deformities were not on account of their own actions. ¹³⁰ However, texts appear to single out lepers to be excused from their duties. As the author of a well-circulated penitential manual and an English cleric at Saint-Victor at Paris who died in the first half of the thirteenth century, Robert of Flamborough, writes that leprosy should exclude would-be priests from ordination; and Thomas Aquinas writes that leprous priests should celebrate the mass privately. ¹³¹

One fourteenth-century English encyclopedia explores the question *clericus debilitatus per infirmitatem ministrans, quid juris*, or "what is the law regarding ministration by a cleric who is disabled by illness?" in more depth. ¹³² The text makes distinctions, based on factors such as whether the cleric is a bishop and whether the disease "happens naturally" or "by divine judgment." ¹³³ An example of the latter would be if a cleric had contracted leprosy from a woman who had sex with a leprous person. However, the text is quite inclusive, suggesting that

priests must not be removed from office for any disease other than leprosy. And even in the case of leprosy, an assistant should be hired if the cleric is a bishop, due to the long and difficult process of removing a bishop from his position, which might prove more damaging to the Church. Other diseases and impairments, however, should not be punished, “because an affliction must not be added to those afflicted.” ¹³⁴

Despite the potential of physical disease to be a marker of sin, many texts argue against castigating those with illnesses, a “ful grisly sin” in its own right, according to Chaucer’s Parson. ¹³⁵ The early thirteenth-century confessional manual *Perambulauit Iudas* warns that it is sinful to turn away from sick brothers because of their odiferous sores or breath. ¹³⁶ Instead, pastoral texts usually demand that the healthy look after the sick. However, such passages also frame the care of the sick with associations with sin. Conventionally, the care and visitation of the sick together constitute one of the species or branches of mercy; as, in *The Book of Vices and Virtues*, “to haue pitee and rewþe of sinful and of hem þat ben in anger and teene [*adversity*] or in pouerte or seknesse. For þat member schal bere sekenesse wip þat opere, wherof Seynt Poule seiþ, ‘Who is seke, and I am not seke wip hym?’” ¹³⁷ Furthermore, the compiler argues that “to visite þe seke þat moche pleseþe God, more þan fastynges or opere bodily trauaile.” ¹³⁸ As an illustration, the compiler includes a brief *exemplum* of a hermit who visits an elder and asks whether it is worthier to fast for six days of the week (or to perform other penitential acts) or to visit the sick. The holy elder responds that it is unequivocally worthier to serve the sick, no matter how extreme the mortification—even “þeiȝ he henge himself bi þe noseperles [*nostrils*].” ¹³⁹ The sinner is most like the sick person “in kynde.” Hence to visit the sick is to “visite þin owne seknesse,” keeping the sinner from sinning further. ¹⁴⁰ Although the text also references Christ’s healing of and interaction with the sick, the reference to Paul and the comparison with sin ensures that this transaction is not selfless.

Although these passages clearly associate sin with material sickness, the relationship between the two is complex. As we have already seen in the theology of original sin, all sickness relates to sin at a very general level. After the Fall, sin and sickness characterize human nature. However, the idea that particular sins cause particular illnesses does not follow from a general correlation of sin and sickness. ¹⁴¹ Instead, naturalistic schemes often seem symbolically rather than materially conceived, such as Thomas of Chobham’s explanation in his *Summa Confessorum* that “it is customary to say that for a mortal sin a penance of seven years must be imposed because man consists of body and soul. For man consists of four elements and his soul has three

powers.”¹⁴² Such schemes are often loose and not described in much depth. William Peraldus, for example, divides the sins into the three faculties of the soul, which lead to pride, envy and wrath and the four elements, which lead to sloth, greed, gluttony and lechery. Although some of these associations are consistent with contemporary medical accounts—particularly the connection between the cold and dry earth and avarice, others are not; the association of the hot and dry element of fire with gluttony is one example.¹⁴³

However, in terms of associating particular sins with particular humors and complexions, other pastoral texts are more specific and seemingly more material. When describing the sixth degree of *evenhede*, the author of *The Book of Vices and Virtues*, one of several English translations of the French *La Somme le Roi*, instructs the faithful to be vigilant against the devil as he will exploit their complexions:

þe enemyes ben þe deueles þat ben strong & wise, sly and besy to bigile vs, for þe lynnen [*let up*] neuere nyzt ne day, but euere-more beþ in a wayzt to bile [*besiege*] vs bi here sleiztes and soteltees which þei vsen in a þousande wyse and moo. And, as seynt Gregori seiþ, þe deuel seep wel sliliche þe staat of a man and his manere and his complexion and to what vise he is most enclyne to, or bi kynde, or bi wone [*habit*], and on þat side he saileþ hym most. Þe colereke of wrap and cunteke [*strife*]. Þe sanguyn of iolite and lecherie. Þe flewmatike of glotonye and slowþe. Þe malencolen of enuye and anger of herte. And þerfore schal euery man defende on þat side þat hym þinkeþ his hous most feble and fyt azens þat vice þat hym þinkeþ most assaileþ hym.¹⁴⁴

The faithful must take care to avoid sins to which they are predisposed, as the devil will exploit their biological weaknesses. This might appear to us, as modern readers, to be a mixed metaphor. The sins are simultaneously given an internal, natural basis in the four humors and an external, supernatural basis in the devil. Yet as the examples in this book demonstrate, supernatural and natural causes are often believed to co-exist in the period in question.

Furthermore, confessional manuals advise priests to consider their confessants' complexions when determining an appropriate penance. To this end, confessors are advised to examine the complexion of the sinner. For example, in the basic and enduring pastoral *Templum dei*, which exists in more than 90 manuscripts from the thirteenth to the fifteenth centuries, Grosseteste explains that it is the duty of the confessor to determine the sinner's complexion, because each sinner is more impelled to one sin than another.¹⁴⁵ The material weight of

these instructions, beyond the rhetorical and symbolic, is strengthened by the text's inclusion with medical texts, which also bears witness to the varied functions of the secular clergy in the community. ¹⁴⁶ In the same vein, the late thirteenth-century *Summula* of Bishop Peter Quivil of Exeter includes temperament and the health of the body in a list of mitigating circumstances, stating that "a priest should consider these things, and using his discretion, adjust the quality or the quantity of the prescribed penance based on them." ¹⁴⁷

The most obvious way to examine a penitent's complexion is through external, physiognomic investigation. *Handlyng Synne*, an early thirteenth-century loose verse translation of the French *Manuel de Pechiez* adapted and much expanded by the English Gilbertine monk Robert Manning (d. c. 1338), provides an instructive illustration. In one of the text's *exempla*, penitents present to the priest with various signs of their sins, including different complexions. ¹⁴⁸ Some confessants are simply white or black. Others present more detailed and specific diseases, such as leprosy, or symptoms, such as swelling. Although Mannyng describes this diagnostic process metaphorically—only the priest is able to see the internal conditions of the penitents' souls through a special vision from God—the material and practical uses of physiognomy in confession find support in the preservation of physiognomic tracts alongside treatises on the vices and virtues. ¹⁴⁹

Such instructions to priests might seem incongruent with warnings against using the body as an excuse for sin. Lists of the potential excuses that sinners might make to priests include many related to the material body and its physiology. Peraldus includes an extensive section in his treatise on *luxuria* [lechery] of the various arguments that sinners make for the physical impossibility of chastity and the counter-arguments. ¹⁵⁰ Physically based excuses that, in effect, argue that God has created moral laws against natural laws, are pronounced blasphemous by Peraldus and later pastoral writers, such as the fifteenth-century Alexander Carpenter, who in *Destructorium viciorum* [*Destroyer of Vices*] identifies particular humoral compositions that sinners correlate with their sins: lechery due to their hot nature; gluttony due to their cold nature. ¹⁵¹ The indignant sinner, Chaucer writes, in his section on wrath wants to "answeren hokerly [*scornfully*] and angrily, and deffenden or excusen his synne by unstedefastnesse of his flesh ... or elles he dide it for his youth; or elles his compleccioun is so corageous that he may not forbere." ¹⁵²

Excuses related to medical theories such as *complexio* are highly problematic in confessional contexts. The sins most commonly implicated in these arguments are the most corporeal of sins, gluttony and lechery; and priests and other pastoral writers often dwell on

these sins at length in regard to *complexio* and the necessary constraints of the body. Indeed, some texts specifically warn against how sinners claim to have different complexions according to the sins they have committed.¹⁵³ However, rather than merely exposing inconsistency, the pairing of injunctions against false excuses with advice to priests to consider complexions is more likely to advocate the responsible use of medicine. Whereas medicine in the wrong hands can justify sin and imperil the soul, medicine can be used correctly to save souls. The weakness of the human body requires concession, not capitulation.

The relationship between the material body and sin is also articulated and explored in passages related to astrology. Physicians, natural philosophers, and even pastoral theologians understood a connection between the stars and human behavior. The extent of “astral determinism,” however, varies between authors. The writer of a fifteenth-century sermon compares the seven sins with seven astral signs by way of “metaphoricall consideracioun.”¹⁵⁴ However, these same signs are causally linked with temperaments in scientific texts such as *The Wise Book of Philosophy and Astronomy*: “he schall be happy & disposed to do good or yuell aftir þe influence of þe constellacioun of þat planete in þe wiche he is born ynnē.”¹⁵⁵ After a long discussion of each planetary sign, including constructions such as “whoso is borne in þat signe shall be a wikkid man & a traytour & an yvell deth he schall deie” and “whoso is borne in þat signe schall haue many angurris & tribulacionys,” the text argues for the role of free will in ultimately determining behavior:

But neuer þe lattir it is to knowe þat noon of hem constraynyth a man to doo good or yuell, forwhi by a mannys owne fre wille, & þe grace of þe good kommyng bifore, & by his good leuyng & prayers, he may doo good pough he were disposed to doo yvell aftir þe nature & þe influence of his planete. On þe same maner, euen þe contrarie, by a mannys owne fre wille, & by þe cowetyng of a mannys owne herte and his eye, he may doo yvell pough he were disposed by his planete to do good.¹⁵⁶

Despite insisting on free will, priests address the pull of the planets in confessional manuals, suggesting that the temptation of sinners to ascribe blame for their sins externally is a serious concern.

The extent to which astrology is believed to affect a person’s disposition toward certain behavior and acts and the extent to which it conflicts with the Christian notion of free will is debatable. In response to the rise of Aristotelianism at the University of Paris, 219 condemnations were issued in 1277, some of which pertain to determinism:

104. That the differences of condition among men, both as regards spiritual gifts and temporal assets, are traced back to the diverse signs of heaven.

154. That our will is subject to the power of the heavenly bodies.

160. That it is impossible for the will not to will when it is in the disposition in which it is natural for it to be moved and when that which by nature moves remains so disposed.

163. That the will necessarily pursues what is firmly held by reason, and that it cannot abstain from that which reason dictates. This necessitation, however, is not compulsion but the nature of the will.

167. That there can be no sin in the higher powers of the soul. And thus sin comes from passion and not from the will.

168. That a man acting from passion acts by compulsion.

169. That as long as passion and particular science are present in act, the will cannot go against them. ¹⁵⁷

These propositions were condemned to safeguard the potential for the will to triumph over the stars and the passions. ¹⁵⁸ However, while the will might always, in theory, overcome the dispositions, popular theology clearly bears witness to the strength of the stars.

Metaphor as Medicine

In addition to medicine's serving theology, medical texts apply the metaphor of *Christus medicus* and penitential language to effect material healing in the body. Just as religious and poetic writers existed in the discourse community of medicine and surgery, so medical and surgical writers existed in the discourse community of religion. ¹⁵⁹ Particularly in regard to such heavily stigmatized diseases as leprosy, surgeons understood the moral load of the disease and the social significance of their positions. Guy de Chauliac, for example, exhorts the surgeon to comfort the leprosy patient, saying that leprosy is "saluacioun of þe soule." The surgeon should also offer examples from the Bible, "if þe world haue hem in hate, neuerþelatter God haue hem not in hate. 3e, but he loued Lazer, þe leprouse man, more þan oþer men." ¹⁶⁰ Here the surgeon adopts the role of spiritual counselor, with such advice not only humane but also practical in the context of medical healing, allowing the patient to "stande in pees" rather than fall into despair.

Medical texts frequently adopt religious language, often specifically penitential imagery. The idea of metaphorical language in science has been studied extensively in the last few decades. Many thinkers have challenged the alleged capacity for language to transmit

science transparently. ¹⁶¹ As David Edge has argued, metaphor provides a material means by which to discuss the non-material: “we cannot think about the matter otherwise, because otherwise there is no ‘matter’ to think about.” ¹⁶² I argue that metaphor in medicine serves medicine in a conventional sense, elucidating certain medical conditions and procedures that require figurative language to be understood. However, in a more radical sense, we can see that metaphor functions *as* medicine if we examine the major works of two late medieval surgeons: the English surgeon John Arderne (d. 1392) and the Italian Lanfranc of Milan (d. 1306) who practiced in France. Arderne’s specialist text on anal fistula survives in 40 medieval manuscripts; 11 in Middle English, in which there are four separate translations, the first dating from the late fourteenth century. ¹⁶³ Lanfranc’s surgical manual is more general in focus, covering the anatomy and treatment of the entire body. There are at least eight copies of Lanfranc’s manual in Middle English. ¹⁶⁴

When we think about metaphors in medicine in current language, we tend to focus on military imagery. Whether employed unconsciously or consciously, or assessed critically or uncritically, war is the dominant rhetorical domain in medicine. ¹⁶⁵ Society wages campaigns against cancer, patients fight hostile pathogens, doctors give orders, and so on. Certain conceptual metaphor theorists have argued that metaphors such as TREATING-ILLNESS-IS-FIGHTING-A-WAR represent ways of structuring ideas that are timeless, pre-linguistic, and pre-cultural. ¹⁶⁶ Other scholars, however, have attempted to historicize such metaphors. Various origins have been offered for the introduction of military metaphors into medicine: the seventeenth century, the American Civil War, and the advent of germ theory are a few examples. ¹⁶⁷

Medieval medical texts employed a range of metaphors, some of which are military. For example, harmful substances in the body are described as “enemies,” and knightly qualities of bravery and fortitude describe both ideal patients and ideal physiologies. These military metaphors may be considered both in terms of the practical context of battlefield surgical practice or as part of the larger medieval conceptualization of sin and the fortress of the body. ¹⁶⁸ In a prevalent tradition, the body defends the soul as a fortress against attack by enemies such as the devil and personifications of the seven deadly sins. ¹⁶⁹ Indeed, the language of sin and confession occurs more frequently in medieval medical texts than straightforward military imagery.

The language of sin might seem immediately apparent to modern readers of medieval medical texts, in which terms such as “vices” and “virtues” describe properties of organs, bodies, medicines, and

physiological processes. Likewise, certain herbs and remedies are “blessed” while others are “evil” and “wicked.” Although some historians of medicine warn against infusing these terms with the moral meanings of “good” and “evil” instead of reading them as simple denotations of “positive” and “negative,” others argue for their greater signifying power:

it is plausible to assume that the Christian connotations of these words helped, at least subconsciously, to dismantle the boundaries between the physician and the cleric in the eyes of the medical practitioner and his clients ... By using the term *peccatum* (sin) in a medical context, the physician put himself, at least linguistically, on the same level as a priest, in that each could be seen as offering a way to heal *peccata*. ¹⁷⁰

Remembering the interpretive community of practitioners in medieval England—specifically the porosity of the boundary between physicians of the soul and those of the body—the ambiguity of these concepts seems more likely. Medical texts are suffused with the language of confession. Both Lanfranc and Arderne give the surgeon the role of the confessor. At the beginning of his surgical manual, John Arderne constructs himself as confessor, stating:

ʒif pacientes pleyne [*complain*] that ther medicynes bene bitter or sharp or sich other, than shal the leche sey to the pacient thus; “It is redde [*read*] in the last lesson of matyns of the natiuitè of oure lord that oure lorde Ihesus criste come into this world for the helthe of mannes kynd to the maner of a gode leche [*doctor*] and wise. And when he cometh to the seke man he sheweth hym medicynes, som liȝt [*light*] and som hard; and he seiþ to the seke man, ‘ʒif þou wilt be made hole [*healthy*] þise and þise shal thou tak.’” ¹⁷¹

Here Arderne clearly draws on the image of *Christus medicus* or Christ the physician. When used in the particular context of this surgical text, however, *Christus medicus* performs two functions. First, it provides a spiritual model for surgery; second, it demonstrates the material importance of metaphor to physical health. Medieval culture inherited the ancient connection between the arts and health, and medieval medical writers often discuss literature, music and art as positively influencing the passions and thereby improving the health of the body. ¹⁷²

Mirroring its role in confession, which as we have seen included consideration of the penitent’s complexion, discretion factors into Arderne’s surgical practice both in the injunction to adapt to

particular patients and in the flexibility of practice. In fact, many surgical manuals emphasize that not everything related to surgery can be written down. Several times Arderne urges the surgeon to use ingenuity in his treatment and choice of instruments. In so doing, Arderne consciously writes himself and the craft of surgery into Christian meditative tradition, authorizing his advice with a quotation from Boethius: “he is of moste wreched witte þat euer more vseþ þings yfounen and nozt things to be founden.”¹⁷³ The surgeon’s reliance on his own quick wit and evaluation of the particular situation mirror that of the priest in arbitrary penance. We remember that priests were advised to inquire at great length into the particular circumstances of sin. Although penitential manuals offer details and examples, priests, like surgeons, are advised also to be aware of examples that are absent from the manuals.¹⁷⁴

Several traits of the surgeon as confessor and the patient as penitent emerge in Lanfranc and Arderne’s texts, illuminating the role of the metaphor of confession both *in* and *as* medicine: obedience, trust, pain as penance/treatment as satisfaction, and strong medicine for the weak heart. In concert, these individual aspects produce a confident metaphor of the surgeon or physician as confessor, the patient as penitent, and pain as penance. Beyond mere rhetoric, such metaphors might have functioned as real palliative care, both giving meaning to illness and perhaps materially improving health.

Surgical texts stress the necessity of the patient’s obedience to the surgeon. John Arderne enjoins the patient to be “obedient and bisy [*diligent*]; ffor why; gret spede of werk standeth in þe paciens and bisynes of þe pacient.”¹⁷⁵ Likewise, Lanfranc notes that “a wounde mai be kept from apostyme [*swelling*] & an yuel discrasie [*humoral imbalance*] if þat þe leche be kunnyng & do his deuer [*duty*], & þe sike man be obedient to þe leche.”¹⁷⁶ “Obedience” is further used to describe the positive responsiveness of the body or affected body parts to the surgeon’s treatments. Lanfranc, for example, describes “evil wounds” as those to which “sharp humours run” and which are not “obedient to natural heat.”¹⁷⁷ Therefore, the obedience of the patient is implicitly linked with the obedience of the body, suggesting that the patient is complicit in the progress of his health and disease.

This mutuality is expressed by John Arderne as follows: if “the pacient is gode herted and abydyng, it is nozt to drede [*fear*] þat-ne þe lech schal spede [*be effective*] wele in þe cure of it if he be experte.”¹⁷⁸ One historian of medicine has described this *pactum* between the surgeon and the patient as “essentially penitential: like that required of the Christian by the confessor, when the patient is required to suffer the pains prescribed as necessary for the recovery of his spiritual health.”¹⁷⁹ Such a confessional pact is found in a late

medieval English sermon: “For a worthy satisfaction two things are necessary: discretion on the part of him who imposes it, and obedience on the part of him who receives it.” ¹⁸⁰ After probing the circumstances of the sin and the nature of the sinner, the priest assigns penance.

This enjoined penance the penitent must receive in obedience and carry out in its totality. However much a person may show his wounds to a wise physician and however good a plaster he may receive, unless he takes it and puts it on his wound, he will never be healed by it. In the same way, however much a man may show his sins to a skillful and wise priest—and however salutary a penance he may receive from him, unless he will apply it and carry it out in deed, he will never be healed by it. ¹⁸¹

Similarly, Arderne recommends impressing upon the patient the importance of the relationship between surgeon and patient before treatment. In the prologue to his surgery, he includes a model speech to deliver to the patient:

Witte [*know*] 3our gentilnes and 3our hiznes, and also 3our godehertynes [*courage*], þat þe gracious perfeccion of þis cure ow not only to be recced [*regarded*] as now to þe possibilite of my gode bisynes [*abilities*], bot also to 3our gode and abydyng pacience. And for-alsmich be it noȝt hidde to 3ow þat if 3e be vnobedient and vnpacient to my commandyngs, lustyngþe tyme of wirchyng [*grudging the time the cure takes*], 3e may falle in-to a ful gret perile or tary longer þe effecte of þe cure. Therfor beþ-war, For he þat is warned afore is noȝt bygiled. Paynful things passeþ sone when at the next foloweþ glorious helthe. ¹⁸²

The critical urgency of this spiritual advice, similar to that found in penitential manuals, is suggested by its placement among practical matters such as how to select an operating room with good light.

The surgeon shared this moral responsibility for the success of treatment, as the patient’s obedience was a corollary of his trust in the healer. Emphasis on the psychological relationship between patient and surgeon is expressed in the inclusion of prologues and chapters that outline the necessary qualities of surgeons. Such passages emphasize that surgeons must have not only the necessary surgical training but also the ability to display this training through the use of jargon and complicated terms. ¹⁸³ Arderne advises the surgeon to study and to be “occupied in thingis that biholdith [*pertain*] to his crafte” so that he “shal boþ byholden [*be held to be*] and he shal be more wise.” ¹⁸⁴ The surgeon’s reputation and speech are external

manifestations of his abilities. Public perception not only shapes opinion of the surgeon's abilities; it has a material impact on his healing.

Surgical texts also outline appropriate behavior, grooming, and dress. Much attention is paid to proper dietary habits. What the surgeon feeds himself and what he feeds his patients—in a material and figurative sense—are of utmost importance. Surgeons materially feed their patients healing diets. However, surgeons also nourish patients with their words. John Arderne's *Practica* includes an extensive passage on the surgeon's drinking habits. He writes that "aboue al ... it profiteth to [the surgeon] that he be founden euermore sobre; ffor dronkennez destroyeth al vertu and bringith it to not." ¹⁸⁵ However, Arderne's exhortation to ensure bodily sobriety is followed by an exhortation to maintain sobriety of demeanor and speech, as he warns the surgeon to "abstinence [*abstain*] he fro moche speche, and most among grete men; and answeere he sleizly [*wisely*] to thingis y-asked." The concern is that inappropriate speech might "blemish" the "good fame" of the surgeon. ¹⁸⁶

As in pastoral writings on the vices and virtues, speech in surgical texts serves as an index of character. As well as general talkativeness [*multiloquium*], particular kinds of speech are proscribed in surgical prologues. Many of these speech acts correspond to those in pastoral writings on the sins of the tongue, as illustrated below. ¹⁸⁷

For example, the texts proscribe bawdy talk [*turpiloquium*]: Lanfranc advises the surgeon to "speke ... noon ribawdrie [*ribaldry*] in þe sike mannys hous," and Arderne exhorts against "harlotrie als wele in words." ¹⁸⁸ Next come joking [*scurrilitas*] and boasting [*iactantia*]: in Lanfranc, "praise he nouzt him-silf wiþ his owne moup;" and Arderne urges the surgeon "be nouzt ... bosteful [*boastful*] in his seyingis." ¹⁸⁹ Backbiting [*detractio*] is admonished—Lanfranc tells the surgeon that "thou myzt be no bacbitere" ¹⁹⁰ —and both urge against flattery [*adulatio*] (in Lanfranc, "thou myzt be no flaterere" ¹⁹¹), lying [*mendacio*] (in Lanfranc, "thou myzt be ... no liere" ¹⁹²) and insulting [*convicium*] (in Lanfranc, "thou myzt be ... no scornere," and in Arderne, "skorne he no man." ¹⁹³) Both writers urge against sowing discord [*seminatio discordiarum*], along with grumbling [*murmur*]; quarrelling [*contentio*] (in Lanfranc, "ne chide not wiþ þe sike man ne wiþ noon of his meyne [*company*]" ¹⁹⁴ and swearing [*blasphemia*] (in Arderne, "he shal speke ... withoute sweryng"). ¹⁹⁵ Revealing secrets [*revelatio secretorum*] is also to be avoided: in Arderne "discouer neuer the leche vnwarly [*incautiously*] the counsellez of his pacientez," and in Lanfranc, the surgeon is to be "privy as a confessour" [*discreet as a confessor*]. ¹⁹⁶ This emphasis upon the surgeon's speech not only reflects the general cultural interest in speech fostered by the Fourth

Lateran Council but also aligns the surgeon with the confessor. ¹⁹⁷

In addition to his explication of *Christus medicus*, as previously quoted, Arderne includes a few philosophical snippets and generally advises the surgeon to learn a stock “of gode tale3 and of honest that may make þe pacientes to laugh, as wele of the biblee as of other tragediez.” The purpose is to “induce a lizt hert” in the patient. ¹⁹⁸ *Inducten*, or “induce” in modern English, is a verb that means both to “persuade” and to “induce”; and in medical contexts, specifically to “introduce something into the body.” ¹⁹⁹

By aligning the stages of medical treatment with the stages of confession, Arderne and Lanfranc further position physical suffering in terms of spiritual health. Lanfranc uses the word “penaunce” as a synonym for “pain.” ²⁰⁰ Just as medieval confessants undertook various forms of penance—almsgiving, physical mortification, and prayers—to cleanse themselves of sin, so medieval surgical patients also undertook “penance” as treatment for their illnesses. Similarly, Arderne uses the word “satisfaccion” [*satisfaction*], which in confessional contexts refers to the satisfactory repayment of acts of penance for sins, to denote rigid adherence to his instructions. He recommends that the surgeon advise the patient as follows:

I dout noȝt, oure lord beyng mene [*intermediary*], and ȝif þou wilt competently make satisfaccion to me, as sich a cure—noȝt litle to be commended—askep [*requires*], þat ne þingis y-kept þat ow to be kepte, and y-lefte þat ow to be lefte, as it is seyde, I shal mow bryng þis cure to a loueable ende and heleful [*good and healthy conclusion*]. ²⁰¹

Like confession, surgery is painful and embarrassing in the short term; however, it promises greater health when patients put their faith in their cures and submit wholly to the surgeon/confessor. Pastoral texts convey these ideas through the image of the “vomit of confession.” For example, as one fifteenth-century sermon explains, it is “boþe peynefull and schamefull for the tyme þat hit lasteþ” but the sufferer will be healthier for a “longe tyme after if he rule hym afterward frome suche foule exceses.” ²⁰² This comparison is particularly utile given the nature of Arderne’s practice. Arderne is aware of the fear and particularly the embarrassment related to his work, and thus warns surgeons against alarming patients during their initial evaluation. On the first visit, for example, surgeons should not put their fingers in the patient’s anus, nor should they display their surgical instruments. Fear and distrust are physiological forces, yet careful rhetoric, effective metaphor, and skillful interactions establish trust and increase the potential efficacy of cures.

Surgeons, like priests, must distinguish between patients and

penitents to determine the best course of treatment. For confessors, this meant determining spiritual fortitude. For surgeons, this meant discerning both their particular complexions and their physical fortitude. This was not simply a matter of rehearsing a textbook response matching the symptoms, just as priests should consider other factors rather than simply assign a standard penance matching the sins. Throughout their texts, Lanfranc and Arderne employ the concepts of the weak heart and the strong heart to indicate physical fortitude. Weakness of heart is caused by a deficiency in vital heat and blood, and those with a phlegmatic and melancholic complexion are characterized by weak-heartedness. As in modern English, the heart is both metaphorical and material. To be strong-hearted is to be courageous (derived from the Latin for heart [*cor*]), and to be weak-hearted is to be weak.²⁰³ However, this emotional or psychological condition can be determined by physiology. Despair or fear results in a physiologically contracted, weak heart.

Both surgical texts highlight the importance of determining whether a patient is weak of heart in order to identify the appropriate treatment. Using a line from Boethius, Arderne writes about cauterization as follows: “ffor to a strong sekenez answerēþ a strong medycyne, and namely in strong men. I call, forsoþ, delicate men feble men. ffor al þingz bene hard to a waik [*weak*] hert man. To a strong hert man, forsoþ, is noþing grete.”²⁰⁴ Although Lanfranc less explicitly draws out the spiritual connections, he shows how “strong” or severe conditions demand “strong” or extreme treatments.²⁰⁵ Yet “in euery medicyns þat a leche doiþ he schal take kepe [*heed*] of the strenkþe & of þe vertu of þe pacient.”²⁰⁶

Regardless of individual physiology, Arderne implies that the weak heart can be bolstered through the use of metaphor. Employing the same quotation from Boethius, Arderne counsels surgeons to offer patients a lengthy cure regardless of prognosis, doubling the estimated recovery time, so that patients do not despair when their health does not improve immediately. As he explains,

For it is better that the terme [*diagnosis*] be lengthed þan the cure. ffor prolongacion of the cure giffeþ cause of dispairyng to the pacientez when triste [*trust*] to the leche is most hope of helthe. And ȝif the pacient considere or wondre or aske why that he putte hym so long a tyme of curyng, siþe þat he heled hym by the half, answehe he that it was for that the pacient was strong-herted, and suffrid wele sharp þingis, and that he was of gode complexion and hadde able flesshe to hele; & feyne [*feign*] he othir causes pleseable [*pleasing*] to the pacient, ffor pacientez of syche wordez are proude and delited.²⁰⁷

If despair causes the heart to contract and become weak, here Arderne persuades the heart in the opposite direction. He further advises the surgeon “ouer that hym ow to comforte þe pacient in monysshynge [adominshing] hym that in anguisshe3 he be of gret hert. ffor gret hert makeþ a man hardy and strong to suffre sharp þingis and greuouse.” ²⁰⁸ Having a strong heart, then, is indicated simply by one’s ability to suffer. By convincing the patient to be spiritually strong, he becomes materially strong; and metaphor becomes medicine.

Notes

3. Pride

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The first epistle of John 2:16 creates a threefold division of the sins well known to medieval homilists: the lust of the flesh, the lust of the eyes, and the pride of life. Theologians also employed these three biblical categories to explain the operation of sin, particularly the Fall. The last stage of Adam's Fall involved his rational consent, represented by the pride of life. ¹ The "pride of life" as a phrase commonly employed in medieval texts reveals two attributes of pride or *superbia* that recur in medieval texts: an undue focus on the matters and qualities of this earthly life and an association with a particular point in human life: later adolescence and middle age. The pride of life is so called because this is the point at which the rational powers of discretion are fully developed. ² The potential for age to trigger pride is explored in the section on the material associations of pride.

When did pride become preeminent? The desert fathers considered it the ultimate sin, and in the sixth century Gregory the Great made pride the root of all the sins. As mentioned in the introduction, Gregory's emphasis on pride may have had a practical motivation in the growth of monasticism. However, Gregory also relied on scriptural authority from Ecclesiasticus 10:15 ("pride is the beginning of all sin"), a verse often cited in theological works.

Pride has various species or sub-categories in medieval texts. ³ Gregory the Great's offshoots of *inanis gloria* [*vainglory*] include *inoboedientia* [disobedience], *iactantia* [bragging] *hypocrisis* [hypocrisy], *contentiones* [contentions], *pertinaciae* [obstinacies], *discordiae* [discords], and *nouitatum praesumptiones* [presumptions of novelties]. ⁴ One of the most significant developments in the categorization of pride is the combination of pride and vainglory. Whereas Cassian distinguished between vainglory and pride on the basis of how one sees oneself in relation to others and in relation to

God, vainglory is usually a species of pride in the later Middle Ages. For example, *The Book of Vices and Virtues* lists the species of pride as untruth, madness, presumption, ambition,⁵ vainglory, hypocrisy, and pusillanimity.⁶ As we shall see in more detail later, certain species of pride bear a particular relation to the body and its health. For example, ingratitude, classified under pride in many treatises on the vices and virtues, and here in *The Book of Vices and Virtues* as a subspecies of untruth, includes the failure to acknowledge God's grace in "good of kinde, as fairenesse, helpe and strengþe of body, wit and wisdom as to the soule."⁷ In this sense, health and other physical attributes precipitate pride.

Metaphorical Pride

Late medieval writers metaphorically compare the sin of pride to illness in a general sense, as well as to particular illnesses and medical conditions. *The Book of Vices and Virtues* accounts pride to be worse than other sicknesses "for certes he is in gret perel þat alle manere of triacles turneþ hym in-to venym."⁸ However, pride is likened to particularly destructive illnesses, such as the plague. According to one homilist, pride alone "destreweþ all þe vertews of þi sowle. As þou seeste þat generall sekenes of pestilence corruppeþ [*corrupts*] all men, so it corruppeþ all vertews."⁹ Such a statement will take on greater significance after contextualizing the perceived role of pride in material epidemics, such as the Black Death, later in this chapter. However, the general metaphor of pride as disease emphasizes the overarching destructiveness of pride, inside and out; for in the words of Aquinas, the sin "raises itself up against all the powers of the soul, and like an all-pervading and poisonous disease corrupts the whole body."¹⁰

Pride's association with the rational powers makes for a convincing correlation with types of madness. Madness or "wodnesse" is its own branch of pride in the pastoral *The Book of Vices and Virtues*. The compiler explains that people consider a person "wod" who is "out of his witt" and whose "resoun is turned vp-so down." The mad man proves himself when he "euele dispendeþ [*squanders*] þe goodes þat beþ nouȝt his; for þei beþ his lordes goodes," for which he must eventually make account. Metaphorically, this refers to "þe precious tyme and þe worldely goodes þat he haþ in kepynge. þe vertues of his body, þe þenkynges and assentynges and þe willes of his soule," which the proud man wastes "in folies and outrages riȝt to-fore his lordes eizen, ne ordeyneþ hym not to zelde his acountes, and wel wot þat he mot acounte, and ne wot whanne, ne in what stide, ne what day; suche folie is wel cleped wodnesse."¹¹

Furthermore, pride is conceived as particular types of madness or

brain sickness, such as frenzy ¹² or “fallynge ewill” [*falling evil* or *epilepsy*]. ¹³ Citing both biblical and medical authority, Bartholomaeus begins his entry on epilepsy by addressing its spiritual connotations: it was historically called “Goddis wrappe” and still is called “þe holy passioun” because it occupies the “holy partye of þe body,” or the head. ¹⁴ Medieval homilists specifically associate epilepsy with pride, as metaphorically descriptive of both its symptoms and its preventions. A fifteenth-century sermon, for example, describes the epileptic in the throes of a seizure as having no awareness of the surrounding world. Equivalently, the proud man has no awareness of himself. ¹⁵

In contrast, the thirteenth-century manual for anchoresses *Ancrene Wisse* develops the concept of a metaphorical falling sickness as a cure or awakening from pride and presumption: “an anchoress of the sublime and holy life has great need of the falling sickness.” ¹⁶ The writer takes great care to demarcate the image as a metaphor: “I do not mean the sickness ... but I call the falling sickness bodily illness or temptations of the flesh by which she thinks she is falling downward from her holy sublimity.” Although epilepsy is used metaphorically, physical illness serves as a guard against pride, lest the anchoress think too highly of herself. “If neither the body nor the spirit were sick ... pride would awaken which is the most dreadful sickness of all.” However, the metaphor ultimately proves circular, as the falling sickness signifies not only bodily sickness but spiritual sicknesses such as “pride, envy and anger.”

Often serving as a loose medical catchall for all the seven deadly sins, blindness more precisely calibrates with pride and the lack of self-knowledge of the proud. ¹⁷ In *The Book of Vices and Virtues*, pride is likened to strong wine that “blyndeþ a man þat he ne knoweþ not hymself, ne seep not himself” and “þat þe deuel 3yueþ to men to make hem dronke.” ¹⁸ Texts often offer more specific figurative causes for the blinding of pride, such as smoke in *Fasciculus Morum* and “a spiritual film over the eye” in the well-circulated pastoral manual *The Moral Treatise on the Eye* of Peter of Limoges (d. 1306). ¹⁹

However, swelling is probably pride’s most immediate symbolic correlative, leading to a cluster of medical associations, such as tumors, dropsy and leprosy. ²⁰ The swelling of the body provided a simple and effective analogy for the proud person, and swelling and tumescence abound in discussions of pride from the patristic theologians through to the later Middle Ages. Both Gregory and Augustine compare the swelling of pride with the swelling of tumors. ²¹ In later medieval texts, the swelling of pride ranges from swelling in the body to swelling in the soul. Chaucer’s Parson presents both kinds. The more metaphorical variety of “swellynge of herte is whan a man

rejoyseth hym of harm that he hath doon.”²² However, pride is also physically manifest in those who wear scant clothing, showing the outline of “the horrible swollen membres, that semeth lik the maladie of hirnia, in the wrappyng of hir hoses [*their stockings*].”²³ The Parson dwells at length on this sartorial trend. The pressed genitals of the fashionable proud give the appearance of hernias, of which one symptom is swelling, and the variety of bright colors they wear suggest that “half the partie of hire privee membres were corrupt by the fire of Seint Antony [*ergotism* or *erysipelas*], or by cancre, or by oother swich meschaunce.”²⁴ The bodies of the proud display symptoms of various medical conditions related to swelling.

Furthermore, the symbolic unity of swelling and pride leads some medieval authors to describe pride in terms of dropsy, which in modern terms is known as edema. In one Wycliffite sermon, the homilist stretches the physical symptoms of dropsy to accommodate a moral interpretation. Having describing the illness as “an euyl of false greetnesse of mannys lymys and comeþ of vnkyndly watur bytwyxe þe flesch and þe skyn,” it follows that “pruyde of worldly goodis þat ben vnstable as þe watyr makip a man in ydropisy and falsely presumen of hymself.”²⁵ Other texts also couple pride and dropsy, albeit in less detail than the latter example.²⁶

Finally, the association with swelling explains the use of leprosy as a metaphor for pride. Although leprosy is a powerful image for a range of evils, the swelling of leprosy is exploited in particular in expositions of pride. A sermon comparing the symptoms of leprosy to each of the sins develops the metaphor of swelling as pride, effectively yoking the swelling of a blister with the noisy boasting of the proud person. The homilist writes that as a leper “is swolyn and blowyn wip wynd of vnclennesse” so proud men are “swollyng wip pride and blowyn with bost as a bladir ful of wynd wip benys [*beans*] þerinne þat clateryn or makyn noise or prike þis bladdre wip a nedil and þan al þe bost is laid down riȝt so from þe tyme þat deþ haþ persed þe herte of a proud man al his bost and brag is clene laid down.”²⁷ Pride is again aligned with leprosy in one macaronic sermon that compares each sin to a disease, and then relates each pairing of sin and disease to Christ’s crucifixion.²⁸ Here, the homilist discusses Christ’s scriptural healing of the leper in Matthew 8:2–3 in terms of the leprousness of the human race caused by pride. Among the symptoms shared by pride and leprosy are voicelessness and swelling. However, the homilist also correlates the symptoms of leprosy with the humiliations suffered by Christ. People flee from lepers and observe them with horror; the wicked despise lepers.

Metonymic Pride

In mappings of the sins to particular body parts, pride invariably takes the head.²⁹ Indeed, pride has an early and persistent association with the rational part of the soul. In his *Conferences*, for example, Cassian associates the corruption of the rational part of the soul with pride and vainglory; the latter, as previously noted, was usually fused with or treated as subordinate to pride in the Middle Ages.³⁰ Cassian also writes that vainglory and pride are “consummated without any action on the body’s part.”³¹ Likewise, in his *Quaestio de vitiis capitalibus* [*Inquiry into the Capital Vices*], Albertus Magnus (d. 1280) describes how pride disorders the rational power, urging a person to desire spiritual goods for the wrong ends; that is, superiority over others.³² Schemata of sins constructed by theologians, such as the Franciscan Alexander of Hales (d. 1245), further confirms pride’s ethereal nature. Alexander offers the following divisions of man: *spiritus*, which includes pride and envy; *anima*, which includes wrath, avarice and sloth; and *corpus*, which includes gluttony and lechery.³³

However, is pride all in the head? If so, does it follow that pride is completely separate from the passions? Despite the association of pride with the rebellion of the angels, Aquinas argues against the idea that pride exists solely in the rational power. Pride is “the appetite for excellence in excess of right reason.”³⁴ Unlike the appetite for food and other natural, life-sustaining desires, pride involves a desire for something difficult to obtain, so Aquinas defines it as an irascible appetite.³⁵ Although in a narrow sense, the irascible appetite is located in the sensitive appetite, in a broader sense it belongs to the intellective appetite, which may also include anger, as in the case of God’s anger.³⁶ So although pride involves desire and the will, it does not involve the sense appetite, meaning that angels, demons and people can all experience pride.

Furthermore, despite its primacy and associations with the rational soul, pride can be either venial or deadly, according to some authors; and veniality often—if not explicitly—suggests the passions, or some other vague pre-rational force or feeling. In his *Scale of Perfection*, Walter Hilton describes the venial circumstances of pride. To commit the venial sin of pride is to “fele in thyn herte a stiryng of pride” that is “agens this wil.” Such stirrings against the will are merely remnants of the “peyne of origynall synne.”³⁷ Aquinas also allows for venial instances of pride “by reason of their imperfection (through forestalling the judgment of reason, and being without its consent).”³⁸

Material Pride

Finally, pride is material: both as an agent of disease, particularly plague, and when prompted by the physiological processes of aging. Paradoxically, health and illness may also facilitate pride. The

material relationships between pride and the medicalized body are explored in the following section.

Homiletic and moral texts associate pride with youth and middle age and the particular complexional balance that might incur pride. The Middle English lyric “Of the Seven Ages,” for example, warns the mature man against pride.³⁹ Rather than generally correlating health with reckless delusions of invincibility, the concept of the “pride of life” finds an embodied explanation in the humors. In his encyclopedia *Liber de natura rerum* [*Book on the Nature of Things*], Thomas of Cantimpré (d. c. 1276), a Dominican theologian and contemporary of Bartholomaeus Anglicus, writes that as the body ages and cools, the desires of the flesh and pride also cool.⁴⁰ Thus the proud have a similar humoral structure to the lustful. Indeed, in warnings against the weaknesses of the flesh and how the devil might tempt people based on their humoral imbalances, both lechery and pride tempt the sanguineous. John Gower, in *Mirour de l’Omme* [*Mirror of Man*], for example writes that if he is “sanuin soie de nature,” [*sanguine in nature*], “lors me fait tempter de Luxure,/D’Orguil et de Jolietée” then the devil tempts him with lechery, pride and wantonness.⁴¹ Therefore, pride may be inspired not only by complexional heat but by its accompanying physical beauty.

I use the masculine pronoun deliberately, because the “pride of life” as a quality of a particular point in the life cycle almost invariably assumes a basis in male physiology, as is implicitly the case in discussion of all the sins, barring lechery.⁴² As male physiology peaked at middle age, meaning physical, moral and intellectual perfection, *perfecta aetas* [the perfect age] could be something of a moral liability as regards the sin of pride.⁴³ However, this is not to say that pastoral writers do not condemn women for pride in their beauty, rich garments and ornaments.⁴⁴

Yet in a wider social context, pride’s most pressing material connection with medicine and the body is plague. Plague entered England in the late 1340s, and almost 40 outbreaks occurred between the fourteenth and seventeenth centuries. Although what we refer to as the bubonic plague is caused by a specific *bacterium*, diseases were not so easily isolated or classified in the period in question. “Peste” or “pestilence” could refer to a variety of fevers and diseases that spread across the population. Medieval medical writers often attempt to fit symptoms of emerging epidemics into existing disease categories.⁴⁵ Numerous cultural and social historians have recently argued that the Black Death marks a key point of transition in the understandings of causality, illness and the human responsibility for sin. More specifically, medical texts and chronicles written during the outbreaks in the first hundred years bear witness to a plague that was “rapidly

becoming domesticated,” with more care paid to the etiology and specifics of the illness and greater confidence in cures, yet fewer references to apocalyptic signs, astrology or God.⁴⁶

The Black Death was brutally indiscriminate, leading medieval moralists to describe plague as a collective punishment for a collective sin, rather than as an individual punishment for an individual sin. The texts that deal with plague—dedicated plague treatises, poems, sermons, and accounts of visions—contain three types of causes: the supernatural, such as divine punishment for sin; primary causes, such as astrology; and secondary causes, such as individual bodily composition.

Many texts urge the administration of both special processions and prayers; for example, William Zouche, Archbishop of York ordered that special processions be held twice a week in his diocese so that “the kind merciful Almighty God should turn away his anger and remove the pestilence and drive away the infection from the people whom he redeemed with his precious blood.” The Archbishop acknowledges both supernatural and natural causes in the same breath in his account of “how great mortality, pestilence and infection of the air are now threatening various parts of the world ... and this is surely caused by the sins of men.”⁴⁷ Other writers stress the role of prayer and religious services in both preventing and curing pestilence.

When commentators specify the collective sin that caused plague, it is almost always pride. Some writers specifically mention tournaments and contemporary fashion. Addressing the particularly high death toll among children, other commentators blame the disobedience of children as well as the indulgence of their parents; for example, “for this synne of unworschepynge and despysynge of fadres and modres, God sleeth children by pestilence, as 3e seeth al day. Ffor in the olde lawe children that were rebelle and unbuxom [*disobedient*] to here fadres and modres were ypunysched by deth.”⁴⁸

Still other religious writers blame plague on the spread of heresy. Although metaphors of infection and contagion were used to describe heresy as early as the eleventh century, they gained material resonance during the Black Death. In England, the proto-Protestant heretics known as Lollards were linked with the spread of plague. As we saw in the previous chapter, Lollards were said to “infect” the people with false doctrine. However, the disease of heresy is also material: “pestilence and misery” fall upon those who support the Lollards and allow them to thrive.⁴⁹ Furthermore, medieval homilists cite biblical precedents for epidemics caused by sins. For example, one fifteenth-century dominical cycle cites King David whom God punishes for “his pride” by sending “a grete pestylence in his kyngdome þat in iij dayes and iij nyztis there dyed of his pepil

seventene thowsande viij tymes tolde.”⁵⁰

The recurrent emphasis on contagion in medieval medical accounts can cause confusion. Contagion did not have the same meaning as it does now. Rather than thinking of disease as something external that enters the body, we should think of disease as resulting from an internal imbalance of the four humors. External factors such as the air could influence the humors. For example, the influential Isidore of Seville writes in *Etymologies* that “pestilence is a contagion that as soon as it seizes on one person quickly spreads to many. It arises from corrupt air and maintains itself by penetrating the internal organs. Although this is generally caused by powers in the air, it never occurs without the consent of almighty God.” In this passage, Isidore both discusses two natural causes, corrupt air and corrupt organs, as well as attributing the ultimate causative power to the supernatural. Furthermore, we note that by “contagion” he refers to pestilence itself, not the method of transmission. Later in the passage he clarifies that contagion [*contagium*] comes from “touching ... because it contaminates anyone it touches.”⁵¹ Contagion results from touching because it contaminates those whom it touches, not because it spreads through touch, as we understand it today.

Whilst tending not to mention collective sin, medical texts on plague acknowledge the roles of God and certain kinds of behavior in causing and curing the disease. After outlining various means by which people can protect themselves against plague, a Middle English translation of the widespread plague treatise by John of Burgundy (d. c. 1390) offers a conventional disclaimer: “if it be the wil of God, that is above al other thynges ... he may be preserved and kept from evil accidentis and from th’effecte of pestilence.”⁵² The effectiveness of all human medicine lies ultimately in the hands of God. Likewise, before recommending particular herbal remedies, the “Canutus” plague treatise, an incredibly popular fifteenth-century English tract based on the fourteenth-century work of Johannes Jacobi (d. 1384), urges that as a “remedie in time of pestilence, penaunce & confession” are to be preferred over “al other medicynes.”⁵³

The widespread devastation caused by the plague prompted doctors to consult the heavens. Astrology had an established place in medieval medicine: astral alignment at birth was believed to influence physiological composition and the best course of treatment for patients. All things on earth and in the air were thought to be a combination of the four elements: air, fire, earth and water. These elements consisted of a combination of contraries: hot and cold, wet and dry. Each planet was associated with a set of contraries, as was each person. We recall that human beings were thought to consist of an uneven mixture of humors—blood, choler, melancholy and phlegm

—that reflected the elements and the contraries. The alignment of the planets at birth affected one's humoral composition.

In 1345, a particular conjunction of malignant planets (Saturn and Mars) was blamed for the plague. According to a report made by the Paris medical faculty in 1348, this particular alignment “caused an evil disposition or quality in the air, harmful and hateful to our nature” along with “strong winds ... particularly from the south.”⁵⁴ The southern wind and corrupt air are recurring causes in plague treatises, some of which warn against all bad smells.

When the same astrological influences and air prevailed, variation at the individual level, however, explained why some members of the population became sick and died, whereas others did not. As John of Burgundy writes, “thei abiden hole whose complexioun is contrary to þe aire that is chaungid or corrupt, and ellis al folke shuld corrupte and die in the aire at oones.”⁵⁵ Those whose complexions were similar to the corrupt air—warm and moist (the sanguineous) or warm and dry (the choleric)—were most susceptible.

Evincing knowledge of these complexions, the “Canutus” plague treatise explains that one person may be more disposed to death than another due to a hotter natural temperature and larger and more blocked pores. Behavior both contributes to these physical conditions and reflects natural composition; “men that spare no lecherye, & they [that] vse bathes, & them that swette with labour or be gret wreth, thys bodyes be more dyspossyd to the morbe pestilencial.”⁵⁶ Lecherous and angry dispositions are characteristic of sanguineous and choleric people. Therefore, medical texts focus on particular “sins” when they promote prevention. Lechery, in particular, was thought to make the body susceptible to plague, as explored in more detail later.

Religious texts are mixed in their attribution of natural causes. In *Piers Plowman*, William Langland replicates a form of plague preaching that blends both supernatural and natural causes. The priest Reason “preved that thise pestilences was for pure synne/And the south-west wynd on Saturday at even/Was pertliche [*clearly*] for pride and for no point ellis.”⁵⁷ In this chain of causality, the disease-causing wind is God's instrument to punish the people for their pride. However, the Bishop of Rochester Thomas Brinton scornfully remarks, “let those who ascribe [plague] to planets and constellations rather than to sin say what sort of planet reigned at the time of Noah when God drowned the whole world except for eight souls, unless the planet of malice and sin.” Brinton goes on to note that God is “the best astrologer.”⁵⁸

However, some religious writers explain the misfortune of some plague victims as the result of God's mistakes in aiming. Thomas

Brinton himself describes God as an archer who “sometimes shoots the arrow of death beyond the target (that is, the sinner), by hitting a father, mother or other elderly person; sometimes this side of the target, by hitting a son or daughter or other young person; sometimes to the left hand side, by hitting a neighbor.”⁵⁹ It is clear from this passage that medieval notions of causality are not uniform.

In *Dives and Pauper*, a fifteenth-century manual on the Ten Commandments, the clerical Pauper constructs a complex analogy of God as a blacksmith to explain what “causyn moreyn [*plague*], sekenesse.”

þu seeist at eye þat qhanne þe smyth gryndyzt a knyf or an eex or a swerd on his stoon þe stoon doth nought but goth alwey aboutyn in oo cours, and as þe smyth þat syttyzt abouyn wele disposyn and heldyn, so gryndyzt þe stoon. Ȝyf he wele it grynde sharp, it shal gryndyn sharp. Ȝyf he wele it grynde blont and pleyn, it shal gryndyn blont & pleyn. Ȝyf he wele it grynde square, it shal grynde square. Ryght as he wele þat is grynde so it grynt. Ȝyf he take away þe knyf, eex, or swerd, þe stoon gryndyzt ryght nought and þow it goth aboutyn þe same cours as it dede afor. Ryght þus it is of God and þe bodyis abouyn. For þe planetys and þe bodyis abouyn goon alwey abouten in on certeyn cours in queche God ordeynynd hem at þe begynnyng of þe word, queche cours þey shullyn kepyn in to þe day of doom. And as God wele þat þey werkyn, so þey shullyn werkyn. Ȝyf he wele þat þey gryndyn sharp and causyn moreyn, sekenesse, tempest, hungyr, werre and sueche othere, þey shullyn doon so. Ȝyf he wele þat þey gryndyn pleyn and smothe and causyn helthe of body, fayr wedyr and helysum, plente of corn and vytalyis, pees and reste, þey shullyn doon so. Ryght as God wele þat þey werkyn, so þey shullyn werkyn, so þat God may doon wyt þe planetys qhat he wele & he may don withoutyn þe planetys what he wil. In qhat synge, in qhat consetellacioun, conoinccioun or respecth þat þey bene, alwey þey been redy to fulfellyn þe wyl of God.⁶⁰

Here, Pauper employs the argument about God’s ordinate and absolute power mentioned in the last chapter. Like the blacksmith, who has control of the edge of the knife yet is limited by his own abilities, God is limited by his creation once he has “ordeynynd” that the planets and heavenly bodies move in a certain course.⁶¹

Although plague usually serves medieval poets as a mere backdrop or point of reference, one medieval vision directly concerns plague and contemporary accounts of its causes.⁶² The fifteenth-century *Vision of Edmund Leversedge* concerns a dying man’s vision of the life to come. As is conventional in this genre, the man receives a warning

of future horrors if he does not confess his sins and change his behavior. However, the dying Edmund is infected with what he calls “þe plague of pestylence.”⁶³ Although there is no way to diagnose him unequivocally, the speed of his disease (he lies as though dead within three hours) and its clinical symptoms are consistent with bubonic plague. His face is pale, his tongue swollen, and his pain (presumably caused by rupturing sores) so severe that he is driven to frenzy. As for the cause of his plague, the speaker blames pride. The sin of pride (and other unnamed sins) “rayneth most comynly in this realme of Englande, with þe whyche synne and pepylle þat God is gretly displesid, and without amendment hit wyl be þe cause of uttire distruccion of þis seyde realme,” yet also represents “the synne I usyd before this tyme in myn awne person.”⁶⁴ Several times the vision details the excesses of contemporary clothing in which Edmund and his peers indulged. Extravagant dress was considered a form of pride and is conventionally condemned in pastoral discussions of pride.⁶⁵ Examples of overdressing given in the vision include short gowns and doublets, long hair, and pointed shoes. Therefore, this vision presents both individual and collective sins as causes.

Pastoral writers warn that although pride has the potential to damage health, health might also weaken a person’s defenses against pride.⁶⁶ And if physical beauty and health encourage pride, physical ugliness and sickness may serve as deterrents. The homilist of Bodley 649 lists the various disfigurements accompanying diseases, such as the twisted mouths caused by lesions, the noses eaten away by cancer, and the torn-out eyes of migraine sufferers. In the tradition of assigning contrary virtues to vices, humility is correlated with pride. However, this humility is often configured in recognition of the body’s frailty and susceptibility to disease. For example, the compiler of *Summa Virtutum de Remediis Anime* describes humility as the ability to “consider our miserable status ... for in our stomach lies a lump of phlegm [*massa tissanaria*] which looks extremely disgusting when it is thrown up in drunkenness; in our bowels are excrements, and in our loins the most vile matter of the human body.” Here, humility is equated with fleshly lowliness, the capacity for disintegration and disease, both in deliberate excess and normal functioning.⁶⁷

In other contexts, the remedies of pride—humility and meekness—offer not only spiritual but material rewards. In addition to the spiritual rewards of forgiveness of one’s sins and the promise of heaven, paying one’s tithes (as a pillar of humility) promises physical health and ample harvests in *Fasciculus Morum*.⁶⁸ Other pastoral works, such as *Quattuor Sermones*, refer more metaphorically to meekness as the “vtter remedye ayenst pryde and a sanatyf salue.”⁶⁹

Yet excessive mortification and deliberate diminishment of one’s

health may also constitute forms of pride. Particularly in the high and later Middle Ages, discussions of indiscreet or extreme forms of abstinence often raise concerns of pride. ⁷⁰ *Summa Virtutum de Remediis Anime* condemns excessive abstinence as a form of pride, as it “commits robbery when it deprives nature of its necessary substance, when it robs it of food and sleep and other necessary contributions.” Furthermore, such behavior “takes from God what is his, when because of its lack of strength and excessive weakening of the body it withholds payment of the owed service.” ⁷¹

The Cloud of Unknowing provides a compelling discussion of the dangers of excess virtue, as it details the perils of allowing pride not only to destroy one’s body, but to lead one to misinterpret the spiritual or metaphorical as the literal. In an example of such absurdity, the author describes young “presumptuous” novices who upon hearing that they should “lift up here herts vnto God” misunderstand “up” in literal terms, staring up at the stars as though they might “wiþ þe coriouste of here ymaginacion peerce þe planetes, & make a hole in þe firmament to loke in þerate.” ⁷² In their pride, they mistake spiritual for material references, endangering the health of their bodies. Again the young novices

hereþ his sorow & þis desire be red & spokyn, how þat a man schal lift up his herte vnto God, & vnseesingly desire for to fele þe loue of here God. & as fast in a curiouste of witte þei conceyue þees wordes not goostly, as þei ben ment, bot fleschly & bodily, & traualen þeire fleschly hertes outrageously in þeire brestes. & what for lackyng of grace, þat þei deseruen, & pride & curiouste in himself, þei streyne here veynes & here bodily miȝtes so beestly & so rudely, þat wiþinne schort tyme þei fallen ouþer into werynes & a maner of vnlisty febilnes in body & in soule, þe whiche makip hem to wende oute of himself & seke sum fals & sum veyne fleschly & bodily counforte wiþoutyn, as it were for recreacion of body & of spirite. Or elles, ȝif þei falle not in þis, elles þei deserue—for goostly blyndnes & for fleschly chaufyng of þeire compleccion in þeire bodily brestis in þe tyme of þis feinid beestly & not goostly worchyng—for to haue þeire brestes ouþer enflaumid wiþ an vnkyndely hete of compleccion, causid of misrewlyng of þeire bodies or of þis feinid worching, or elles þei conceyue a fals hete wrouȝt by þe feende, þeire goostly enmye, causid of þeire pride & of þeire fleschlines & þeire coriouste of wit. ⁷³

Here the author shows how mistaking the metaphorical or spiritual for the material or bodily leads to the dissolution of the body, the breaking down of the rational power, so that a person becomes an

animal. Paradoxically, that which begins with the uniquely human sin of pride in the rational power dissolves into the beastly. Furthermore, the novices' pride and presumption are enflamed by an unnaturally hot complexion. Acting on their hermeneutic presumption causes a "misreuling" of the body, leaving them open to physical corruption and manipulation by the devil.

In turn, after misinterpreting the metaphorical as material, the novices mistake the material for the metaphorical. The *Cloud*-author continues with an account of how contemplatives mistake "þe fiir of loue" which they feel in themselves as arising from a spiritual rather than a material cause:

& 3it, paruenture, þei wene it be þe fiir of loue, getyn & kyndelid by þe grace & þe goodness of þe Holy Goost. Truely of þis disceite, & of þe braunches þerof, spryngyn many mescheues: moche ypocrisie; moche heresye, & moche errour. For as fast after soche a fals felyng comeþ a fals knowyng in þe feendes scole, riȝt as after a trewe felyng comeþ a trewe knowing in Gods scole. For I telle þee trewly þat þe deuil haþ his contemplatyues, as God haþ his. Þis disseite of fals felyng, & of fals knowyng folowyng þeron, haþ diuerse & wonderful variacions, after þe dyuerste of states & þe sotyl condicions of hem þat ben disceyuid; as haþ þe trewe felyng & knowing of hem þat ben sauid. ⁷⁴

The ability to distinguish between the spiritual and material is critical to the *Cloud*-author's project of understanding the mystical life, which involves both a profound self-awareness and control of the flesh, qualities inhibited by presumption and pride. The excesses of fasting are further explored in relation to gluttony's cure and indiscreet abstinence in the penultimate chapter of this book.

The intersections of pride with medicine represent significant contemporary issues: general social concerns such as dress, issues affecting particular religious communities, such as excessive fasting, and the phenomenon which impacted everyone in some way: the Black Death. Yet in a period confronted daily with death, health itself also could remind the faithful of their sinfulness and mortality.

Notes

4. Envy

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Perhaps even more than some other of the seven deadly sins, envy needs to be set in its medieval context. Chaucer's Parson paraphrases the consensus of medieval theologians that, "for wel unnethe [*hardly*] is ther any sinne that it ne hath some delit in itself, save oonly Envye, that evere hath in itself angwissh and sorwe."¹ Yet also citing Augustine, he distills the sin as "sorwe of oother mannes wele [*happiness*], and joye of othere mennes harm."² This paradoxical anguish and joy emphasize the disordered emotions of the envious.³ As the author of the fourteenth-century *Fasciculus Morum* states, sharing emotions such as joy and sorrow "humanum est" [*is human*] so envy is unnatural or *inhuman*.⁴ By converting "someone else's good into an evil for himself," the envious person "does more harm to [him]self than anyone else."⁵

Is envy of the body or the soul? In the groupings of *spiritus*, *anima*, and *corpus* found in, for example, Alexander of Hales and *Fasciculus Morum*, envy often shares a space with pride under *spiritus*. Aquinas holds that the sin of envy, like that of pride, can be committed by non-corporeal beings, such as demons, and the devil's envy is a familiar trope in pastoral writing. Aquinas understands envy as a perversion of the passion of sorrow, as we will see in more detail later, but clarifies that although demons can experience envy, they cannot experience sorrow as a passion in its proper sense, as passions reside in the sensitive appetite in the corporeal body. Passions presume bodies. However, when sorrow is defined more broadly as an act of will, "the resistance of the will to what is, or to what is not," demons can experience the sorrow of envy.⁶ Indeed, demons fulfill this definition, wishing "many things not to be, which are, and others to be, which are not: for, out of envy, they would wish others to be damned, who are saved."⁷ Yet even more consistently than pride, theologians,

pastoral writers, and poets depict envy in terms of its metonymic and material relationships to the body via the passions and the humors.

As for the species of envy, Gregory lists *odium* [hatred], *susurratio* [grumbling], *detractio* [slander], *exultatio in aduersis proximi* [delight in a neighbor's adversities], and *afflictio in prosperis* [proximi] [affliction at a neighbor's prosperity].⁸ The English *Fasciculus Morum* offers a more pared down list: grumbling and backbiting, lying, and flattery. Walter Hilton actually includes "malencolie" as a distinct branch of envy. Envy is deeply embedded in the humoral physiology of melancholy, as we shall see.⁹

Metaphorical Envy

Envy's physicality has a long history.¹⁰ For example, Ovid emphasizes her generally diseased state in *Metamorphoses*. The "most dyscolour'd fygure of the world," Envy also has "stynkyng breth" due to her diet of snakes and venom.¹¹ She lives in a cold and dark place, reflected in her pale form and appearance of "maladye." However, Envy is both personified in bodily terms and shown to wreak havoc in the bodies of those she infects. She fills her victim's "corage and al her entraylles with venym and chaunged her manere in suche wyse and condicion as she was herself."¹² Ovid's Envy was well known in the Middle Ages from the *Ovide Moralisé*, which circulated in medieval England in French and was translated by Caxton in the late fifteenth century.¹³ The evil eye represents another classical association of the body and envy. Influenced by the etymology of the Latin name for the sin *invidia* from *invidere* or "to look maliciously upon," the concept of the evil eye shifts attention to the victim of envy, and envy is often listed as causing various kinds of damage by provoking anger and violence.¹⁴

The Bible also presents envy in physical terms. Envy is destructive to the body in general, as per Ecclesiasticus' warning that "envy and anger shorten a man's days."¹⁵ Elsewhere, envy is a "rotteness of the bones."¹⁶ In the same tradition as the Roman and Mediterranean evil eye, the Bible often describes the evil eyes and skewed vision of the envious: "the eye of the envious is wicked: and he turneth away his face, and despiseth his own soul."¹⁷ The parable of the vineyard asks, "is thy eye evil because I am good?"¹⁸ Furthermore, Saul envies David for the people's praise, and "did not look upon him with a good eye from that day forward."¹⁹ Peter of Limoges cites this passage, explaining that "the eye of the envious person, like the eye of someone who squints, does not correctly see the person whom it envies."²⁰

Embodied envy is also a part of Christian theology. Gregory focuses attention on the body of the envious person. Glossing Job 5:2 ("and envy slayeth the little one") in his *Morals on the Book of Job*,

Gregory interprets “the little one” as the envier, meaning that envy destroys not merely the object of envy but the subject of envy.²¹ Drawing on this biblical and patristic tradition, pastoral and poetic texts in the later Middle Ages associate envy with deviant or diseased vision. For example, the early thirteenth-century anchoritic devotional manual *Ancrene Wisse* describes envious eyes that cannot look straight. “If anyone says well or does well, they can in no way look in that direction with the right eye of a good heart, but they shut their eye on that side, and look on the left to see if there is anything to criticize; or they scowl hideously in that direction with both.”²²

Although moralists present all the seven deadly sins as to some extent destructive of the sinner, they deem envy particularly antithetical to nature and the body. Envy produces a dramatic physiological impact. As John Gower writes in his long allegorical French poem *Mirror of Man*, “envy is the most unnatural of all evils, for if you should give everything—body and wealth altogether—to the envious, he will reward you in the end with evil.”²³ Gower further elaborates on the unnaturalness of envy in *Confessio Amantis*. Whereas every vice has a root “whereof it groweth,” no one knows the root of envy. The sin of envy is not stimulated by any instinctual prompting or urging in nature, yet causes great destruction to human beings. The poet writes, “so mai ther be no kinde plesed;/for ay the mor that he envieth,/The more agein himself he plieth [*strives*].”²⁴

As something antagonistic to nature, envy is often described as a poison or illness. According to the author of *Ancrene Wisse*, “if you are envious of the good of others, you are poisoning yourself with a medicine, and wounding yourself with a remedy.”²⁵ And *Confessio Amantis* describes envy as an illness: the afflicted is “sek of [*sick because of*] another mannes hele [*health*].”²⁶ As for envy’s relationship with more specific illnesses and bodily conditions, one of the most common symbolic correspondences is between envy and venom, following the tradition of Ovid’s Envy. In “Templum Domini,” “Envy þat is so full of galle/Es venyme & feueres.”²⁷ Sometimes the heart is the seat of this venom, which might have material resonance if pastoral writers knew about the workings of the passions.

However, such knowledge is not explicit in *The Book of Vices and Virtues* that describes envy generally as “þe addre þat al enuenimeþ.”²⁸ Yet more specifically, in relation to the souls and metaphorical bodies of the envious, the text indicates that “þe herte of þe enuyous is so enuenymed and so mys-turned þat he ne may see no good do to a-noþer þat it ne greueþ hym & forþinkeþ him in his herte, & demep þer-of euele.”²⁹ That which the envious person hears and sees “he takeþ euer-more in euel vnderstondyng; and of al þat he doþ hymself harme & his owne herte.”³⁰ The passage draws on the long

associations of envy with the snake in the garden, who is envious of humankind's privilege. The linguistic proximity of "enuyous" and "enuenymed" creates a closed circle: the envious person both poisons and is poisoned, an effective image of the self-consumption of the envious, which another writer describes as "a gritter [*greater*] gnawer þan ffelone [*carbuncle*] or gowte [*gout*]." ³¹ These two medical conditions eat away at the body from the inside.

The heart occurs frequently in symbolic descriptions of envy. In his anatomy of sin, Walter Hilton locates envy in the heart, and a lyricist claims that it "brenne the brest withyn and withowt." ³² John Gower specifically describes the effects of envy on the heart. In *Mirror of Man*, envy is likened to consumption, which, as medical texts explain, dries the body's natural moisture. ³³ Due to lesions and tumors in the lungs, hot air cannot be filtered from the heart, so heat continues to grow and the body wastes away through dryness. ³⁴ However, the experience of envy can also be physiologically difficult for the heart, as described in medical texts and taken up by some pastoral writers.

The disease of jaundice has a symbolic resonance with envy, with which it is widely associated in pastoral texts such as the early fourteenth-century verse confessional manual *Handlyng Synne* by Robert Mannyng and the anonymous fifteenth-century "Treatise of Ghostly Battle," derived from the popular *Pore Caitiff*. ³⁵ *Handlyng Synne* links the tradition of envious eyes with jaundice, which is a "pyne/þat men ow se yn mennys yne." ³⁶ In *Fasciculus Morum*, "envy can be compared to a sickness called jaundice which arises from the disordered heat of the liver." The moralist further associates the disease with the sin by quoting Horace on the wasting away that is symptomatic of jaundice: "the envious shrink in weight as their neighbors grow fat in riches." ³⁷ However, the thinning associated with jaundice is also a material symptom of a melancholic imbalance, and jaundice itself has a potentially material etiology in envy, as explored toward the end of this chapter.

Finally, envy is metaphorically aligned with palsy. Although liberally attributed to a number of sins, such as sloth and wrath, when used to represent envy, palsy signifies the envious sinner's paralysis of charity towards his or her neighbors. ³⁸

Metonymic Envy

Some texts consider envy to be a distinct passion, while others argue that it is motivated by other passions, such as sadness. Bartholomaeus Anglicus lists "enuye" with other passions, such as wrath. ³⁹ The passion of envy intrigued the fifteenth-century bishop Reginald Pecock (d. ca. 1461), who in several of his vernacular works engages with the distinction between vice and passion, and the particular problem that

envy presents. Pecock provides a systematic account of the distinction between passion and sin that is consistent with contemporary accounts. He defines passions as “suffryngis of þe wil” rather than “actijf or wirching [*working*] deedis of oure wil.”⁴⁰ Stirred by sense impressions—that which is seen, heard, touched, smelled, or tasted—passions are themselves not ethical; they are neither virtues nor vices. Pecock explicitly distinguishes between envy the passion and envy the vice. Envy as a passion belongs to the lower sense appetite whereas envy as a vice is a free action actively chosen. Due to their root in the humors and complexions, passions cannot be eradicated. However, they can be controlled by balancing the humors, which is accomplished through diet and the other non-naturals. This process requires careful assessment by both the individual himself and professionals. For example, envy the passion can be controlled by manipulating the melancholic humor.⁴¹ However, if a passion repeatedly develops into a sin, that sin can become habitual. As Pecock writes, when a “disposicioun” develops into a “degre of stabilnes and of vnremouabilness, þanne it is clepid an ‘habite.’”⁴²

Aquinas considers envy [*invidia*] one species of the passion sorrow [*tristitia*]; the others are pity [*misericordia*], anxiety [*anxietas* or *angustia*], and torpor [*acedia*]. Sorrow the passion can be useful and even ennobling when experienced well; that is, under the direction of reason.⁴³ When the mind is focused, reason moderates sorrow, allowing the mind to seek more knowledge as to its cause, and as a result, thereby aiding contemplation. For example, reason directs a person to apprehend sorrow when evil is nearby, enabling him or her to avoid the evil.⁴⁴ Therefore, sorrow consequently helps us not only to feel remorse after sin, prompting penance but also to avoid the sin itself.⁴⁵

However, when reason is overpowered, sorrow is the most harmful of all the passions to the body and to the soul.⁴⁶ Excess sorrow consumes the soul and destroys the body. Some passions, such as joy, desire and love, effect bodily changes in directing the movement of the vital spirit, from the heart to other parts of the body. In some cases, an excess of movement may harm the body. However, sorrow causes a contraction or flight in the body, consistent with the standard medical view of the body’s response to sorrow and fear. This contraction is not simply a result of being out of measure; it is directed against the natural movement of the body, that is, from the outlying parts of the body to the heart.⁴⁷

Whereas sorrow may be positive or negative, envy is always sinful, according to Aquinas. Defined as “sorrow for another’s good,” envy makes us “grieve over what should make us rejoice.”⁴⁸ Envy is the inverse of charity, which prompts joy in one’s neighbor’s well-being.

However, envy is not always a mortal sin. Envy may exist as “imperfect movements in the sensuality” in creatures without reason, such as infants. To support this point, Aquinas cites Augustine’s description in the *Confessions* of infants who grow pale with envy when looking at their nursing siblings.⁴⁹

Under the heading of metonymy, we should also consider the relationship between envy and wrath. While medical texts generally associate envious dispositions with melancholy and wrathful ones with choler, religious texts often correlate the two vices, leading some writers to postulate a medical relationship. Robert Rypon (d. c. 1419), a Benedictine monk from Durham who died in the first quarter of the fifteenth century, charts in one of his sermons the relationship between the humors, the stages of the lifecycle and the disposition toward certain behaviors and actions.⁵⁰ Rypon associates both anger and envy with the “fifth age,” 28–50 years old, and the choleric humor. Choleric complexions are hot and dry, disposing a person to wrath and envy, respectively: “abundant heat excites and disturbs the spirit and because moisture is lacking as well as coldness which restrains. So such choleric people are easily angered. And envy is born from the same causes.”⁵¹ Rypon goes on to provide a medical account of anger as an “open hatred” and envy a “hidden hatred.” “When an angry or envious person sees a person at whom he is angry or whom he envies, at once excessive heat is inflamed around his heart. Because, as the scientists say, anger is a fire inflamed around the heart.”⁵²

The visualization of envy and wrath as manifested from the inside out is found elsewhere in pastoral literature and poetry. However, internal swelling is witnessed externally in some pastoral accounts of envy. In *Prick of Conscience*, souls in purgatory “for envy sal haf in þair lymys/Als kyllles [*boils*] and felouns and apostyms [*sores*].”⁵³ “Felouns” were sores that caused swelling in the body. In the verse confessional manual *Handlyng Synne*, a priest blessed with superior moral discernment from God can see the sins of his confessants on their bodies and faces. “Sum were sweolle [*sweollen*], þe vyseges [*faces*] stout,/As þoȝ [*though*] here [*their*] yȝen [*eyes*] shulde [*would*] burble [*burst*] out.” The text later explains that those “with swolle vysage,/þey [*they*] are enuyous.” This description of external rather than internal swelling may reflect a simple conflation, a medical misunderstanding, or the deliberate choice to transform the internal into the external to offer a clearer conception of envy. In other words, the body *and* soul are turned inside out. The swelling of the interior organs is thus witnessed on the surface of the body.⁵⁴

Material Envy

Envy also has a material physiology, in the four humors. Envy and sorrow are aligned with the cold and dry melancholic humor in both pastoral and medical texts. Warning the faithful about particular humoral balances that the devil might try to exploit, the compiler of *The Book of Vices and Virtues* stresses that the melancholic must guard against “enuye and anger of herte” just as Gower warns that the person with “malencolie” must wrestle with “envie.”⁵⁵ In his description of melancholic imbalance, Bartholomaeus emphasizes sorrow and its effects on the heart, which “constreyneþ and closiþ” under the influence of sorrow.

As a cure for envy, Rypon prescribes the “moisture of piety” consistent as a contrary to the dryness of *melancholia*.⁵⁶ The sins of envy, wrath, and avarice are particularly associated with dryness and their cures or contrary virtues often manifest qualities thought to be moist in nature.

In *Piers Plowman*, the poet William Langland (d. c. 1386) captures the material complexity of the sin in the character Envy. The confession of the sins occurs in the fifth passus of the B-text, the version of the text cited throughout this book. The poem exists in several versions, with a complicated manuscript tradition.⁵⁷ All versions of the poem include the same description of envy, although some lines are reshuffled to different places in the text.

In the poem, Envy is one of the most physically and physiologically detailed of the seven deadly sins.⁵⁸ His cheeks are sunken, his body shriveled, and his lips chewed. Envy suffers from severe indigestion and serious heart problems. Painfully aware of his ailments and their cause, Envy diagnoses his condition and outlines a cure. As might be expected, this material cure is ineffective. Sugar will not alleviate Envy’s internal swelling, nor will the pharmaceutical “diapenidion” relieve his gas.⁵⁹ However, the failure of medicine does not simply consist in the inability of a material solution to remedy a spiritual problem. After dismissing these medical cures, Envy suggests the spiritual treatments of “shrift” [*confession*] or “shame” unless “whoso [*someone*] shrape [*scrape*] my mawe [*stomach*].”⁶⁰ This lateral shift back and forth between medical and spiritual treatment suggests something other than the merely symbolic use of medical discourse.

Langland’s Envy also exhibits some of the conventional attributes of envy covered earlier: Envy’s eyes look astray from the altar to focus enviously upon Eleyne’s “new coat,” and he ingests venom. However, Envy is embodied in more medically specific ways. As one example, Langland develops the conventional diet of venom into severe gastrointestinal distress. By ingesting his own venom, Envy poisons himself with the poison he produces. “Ech a word that he warp [*flung out*] was of a neddres [*adder’s*] tonge,” and later we learn that he “myghte

noght ete [eat] many yere as a man oughthe,/For envye and yvel wil [ill will] is yvel to defie [digest].” Langland’s reference to diapienidion reflects a pharmacological understanding, as the drug was widely prescribed for gas and a defective appetite, two conditions from which Envy suffers. For example, the late medieval pharmacological manual by Gilbertus Anglicus recommends using the drug “to dissoluen [dissolve] corrup wyndes and humours of þe stomake, and comfortiþ þe stomake and þe guttis boþe.”⁶¹ Comparably, although the initial description of Envy as “pale as a pelet, in þe palsy he semed” suggests a conventional and generic symbolism, as paleness might be symptomatic of numerous particular conditions or illness in general, the symbolic association here is specifically with envy. Augustine, for example, describes demons “pale with envy” in the *City of God*.⁶² As we have seen, there are also recurring symbolic associations of envy with palsy.

As the passage continues, Envy takes on an even greater medical specificity, moving beyond merely metaphorical into more metonymic and material correspondences. He is compared to a leek who “hadde yleye longe in þe sonne” “wiþ lene chekes, lourynge [scowling] foule.”⁶³ His dryness and thinness immediately suggest signs of melancholy. Common diagnostic symptoms of melancholy included thinness and digestive distress.⁶⁴ Indeed, Envy explains his condition as that of imbalanced “malencolie”: “and whan I may noȝt haue þe maistrie, swich malencolie I take.”⁶⁵ Here, he expresses sorrow in the sense of emotional anguish at the good of others but also suggests that the melancholy humour has “maistrie” over him. In light of the penitential context of Envy’s confession and the injunction for priests to take their penitents’ complexions into consideration, it is worth noting that some of the physical symptoms experienced by Langland’s Envy, such as his hollow appearance, would likely have led to a diagnosis of melancholia, thus mitigating his culpability and in turn the severity of his penance.

However, Envy exhibits symptoms of choler as well as melancholia. His physical form is likened to a leek not only in reference to his metaphorical self-consumption—that is, being *consumed* with envy in the symbolic sense, as discussed earlier, but perhaps also in reference to jaundice. Medieval medical texts recognized several types of jaundice, arising from the various species of harmful choleric humor; however, Envy’s particular symptoms suggest green cholera as the most likely culprit. Green cholera is formed in the stomach through the excessive consumption of hot herbs, such as leeks and onions. Bartholomaeus Anglicus describes green cholera, “p[r]assina,” as “grene of colour and bittir, scharp as an herbe þat hatte [is called] prassium ... in latyn.”⁶⁶ This cholera causes

painful indigestion, and when filtered to the outer part of the skin by the blood, it colors the skin green. ⁶⁷

Langland gives the metaphorical association of jaundice with envy a physiological basis by elaborating on the symptoms of green jaundice. ⁶⁸ He then embellishes this physiological basis with metaphorical symptoms. Envy, who resembles a leek, makes himself sick through self-consumption. He both bites his lip and consumes himself with envy. To the best of my knowledge, medieval medical texts do not directly relate envy to indigestion or green jaundice. Although medical texts associate envious dispositions with melancholy and wrathful ones with choler, Langland develops an additional medical correlation between the two.

Normally positioned side by side in lists of the sins, wrath and envy also attain a physiological proximity in Langland's Envy in terms of the passions. Envy's body is "to-bollen [*swollen*] for wrath," and his envious thoughts so "angreth" him that "al [*his*] body bolneth [*swells*] for bitter of my galle." ⁶⁹ This visible swelling is consistent with anger as passion, whereas the internal swelling is consistent with envy as passion, as vital spirits prompted by anger and envy move away from and toward the heart, respectively. Langland's complex matrix of material and metaphorical causation and signification is consistent with Katharine Breen's argument that his depiction of Envy represents "not merely sin but the ingrained habit of sin, sin inscribed on his body through long-standing practices until body and sin become 'connatural,' fused and nearly inseparable." ⁷⁰ Therefore, habit transforms Envy from an envious person—someone who suffers and indulges stirrings of envy—to the personification or embodiment of Envy itself. Envy can thus be acute or chronic.

If his angry, choleric symptoms are understood as acute or symbolic, Envy's heart conditions are more consistent with medieval medical understanding of the passion of envy. Envy laments his "crampe" and "cardiacle," conditions characterized by heart palpitations, sweating, and fever caused by an excess of the melancholic humor, as he recognizes. ⁷¹ We have seen how other pastoral and theological texts draw a symbolic correspondence between envy and the heart.

Envy also recognizes that none of these envious conditions are curable. If envy has become natural or habitual, material and spiritual cures will not work. The only thing left is for someone to perform a more radical and almost certainly fatal surgical operation; to "shrape [*scrape*] his mawe." It is difficult to translate "mawe" precisely, as it means "stomach" in some general contexts but in surgical settings it can refer to the abdomen, the bowels, or the guts. ⁷² The authors of medieval surgical texts are pessimistic about wounds in the stomach,

and warn against cutting into the viscera due to the likely inability to heal and thus likely fatal consequences. But in Envy's case, vanquishing the body vanquishes envy itself. Only the scraping away or surgical removal of envy from the body will allow shame and confession to work. The "vnremouabilnes" of habit necessitates annihilation.

As we see in Langland's interpretation, even the spiritual sin of envy reveals extensive occasions for medicalization, whether in its symbolic imagery, its relationship to the passions, its humoral physiology, or some interplay of these three modes.

Notes

5. Wrath

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With wrath, we move closer to the body, evidenced both in terms of how the sin ranks in relation to spirit and body, and in the increasing ambivalence with which bodily images must be interpreted. Medieval texts vary in their positioning of wrath relative to other sins. ¹

However, wrath sits most commonly between the more spiritual sins of pride and envy and the more corporeal ones such as gluttony and lust, leading the confessional writer Thomas of Chobham to claim that wrath *ira carni vicina est* or “anger is near the flesh.” ² Wrath straddles the boundary between the flesh and the spirit. In the scheme developed by Alexander of Hales, wrath (along with avarice and sloth) occupies *anima*, corresponding to the irascible power. ³ Whether negotiating the body in relation to the sin as metaphor, metonym, material, or as more ambivalent, pastoral and medical writers reach a certain consensus on the indicators and descriptors of wrath: fire or heat, fever, swelling, madness. ⁴

Of the species of wrath, Gregory lists *rixae* [quarrels], *tumor mentis* [swelling of the mind], *contumeliae* [insults], *clamor* [uproar], *indignatio* [indignation], and *blasphemiae* [blasphemies]. ⁵ One common way to divide the species of wrath is also according to the objects injured. For example, *Jacob's Well* delineates four targets of wrath: God, the self, one's household and one's neighbors. Wrath's general relation to sickness and self-injury arises from the single-mindedness of the wrathful. They lose interest in and are incapable of focusing on anything other than the object of their wrath: “þou mayst neyther etyn ne drinkyn, & perchauns fallyst in sykenesse, for þou mayst noȝt haue þi wyll to be vengyd.” ⁶

Metaphorical Wrath

The fleshiness of wrath, particularly its fleshy destruction, is part of its

traditional iconography. For example, in the early fifth-century *Psychomachia* by Prudentius, *Ira* or Wrath attacks Patience. When Wrath's sword breaks into pieces on Patience's shield, Wrath flies into a fury and commits suicide.⁷ Later medieval pastoral and poetic texts represent wrath in the general sense of destruction of the self, portraying the wrathful as rending their clothes and gnashing their teeth. In *Confessio Amantis*, Gower writes of wrath that "most to kinde he grieveth."⁸ The lover confesses to his own inner conflict, admitting that

myn hand agein the pricke
I hurte and have do many day,
And go so forth as I go may,
Fulfote biting on my lippe,
And make unto miself a whippe
With which in many a chele [*chill*] and hete
Mi wofull herte is so tobete.⁹

The Confessor's *exempla* further illustrate the self-destructiveness of the wrathful, and their opposition to nature. For example, after disrupting mating snakes and thus the natural order, Tiresias transforms into a woman.

The destructiveness of wrath often presents as fever or swelling. For example, according to the pastoral *Book of Vices and Virtues*, of the four wars the wrathful person wages against God, his dependents, his neighbors, the first is "werre wiþ himself."¹⁰ The compiler describes the war against the self in terms of physical decline and death: "when wrapþe is ful in a man, he turmentþ his soule and his body so þat he may haue no sleep ne reste; and operwhile it bynemeþ [*deprives*] hym mete and drynke, and makeþ hym falle in-to a feuere, or in-to suche a sorwe þat he takeþ his depþ."¹¹ Here, fever and fire appear to be symbolic, as the writer goes on to say "þis is þe fier þat wastep al good of þe hous."

Yet although fever and swelling are commonly correlated with wrath, these images function ambivalently; they may be as metaphors, descriptions of passions, or material representations of wrath. John Gower's description in *The Mirror of Man* illustrates some of these possibilities:

Anger is completely described in the swelling that inflames her, for she does not consider herself and pays no attention to anyone else. Her malady is comparable to heart disease, for it results in a sad life and soon dries up the heart so that no one is capable of curing it. Not only does she ill the body, but she also perverts the soul to her will.¹²

This passage discloses a medical understanding of wrath—the passion as causing swelling and dryness as the vital spirits rush to the extremities—that is discussed in more detail later. But here the author pursues a symbolic comparison. Wrath, like fever, heats up the sufferer in one fifteenth-century sermon and causes heat and a thirst for vengeance in another. ¹³

Many pastoral texts also consider wrath in relation to madness. In “Templum domini,” wrath simply “may I likkyn wele by skille/To wodnesse.” ¹⁴ Arguing that “wrath obstructs God’s grace from flowing into the soul, as turbulent air obstructs the brightness and radiance of the sun,” the compiler of *Fasciculus Morum* cites Gregory’s *Morals*: “through wrath the light of truth is lost ... anger injects the darkness of confusion into the mind.” More simply expressed, “anger blocks the mind from seeing what is true.” ¹⁵ When the pilgrim of John Lydgate’s *Pilgrimage of the Life of Man* (1426) encounters Wrath, the latter boasts that he “blynde[s] ffolkyss off al Resoun” and “cause[s] hem that they may nat se/But bestyally in ther degree.” ¹⁶ Although reason is never absent from the experience of passion in Aquinas’ account, he acknowledges cases in which the heat of anger distracts reason from its task of evaluating the severity of the wrong that needs to be avenged. ¹⁷ The trope of blindness also relates to the madness of wrath. Like the other spiritual sins, wrath is associated with spiritual blindness, disturbing a person’s reason. Peter of Limoges writes of the “agitated eye of the angry man, who is temporarily insane,” citing Psalms 6:8 and 30:10. ¹⁸

Although more commonly linked with sloth, palsy further serves as a metaphor for wrath. In a sermon on Jesus’ miraculous healing of a man with palsy, one homilist draws a fairly elaborate metaphorical association with wrath. First describing the man with palsy as “every sinner liyng in þe bed of synne,” the homilist then details four purgatives that will clear harmful spiritual matter from the soul. Just as “ivill blood distempereþ the a mans body” as it carries “contrarius wyndis” through the veins, so “wicked thowȝtys with the wynde of wrathe and of malicious disposicion ... distemperethe mans sowle and maketh him ever distabyll and also owte of reste tyll he be let owte be the helpe of the heuently leche, Ihesu.” ¹⁹ Although pride and “other diseses of sinful lyving” are also mentioned as evil winds in the blood, wrath is predominant. Bad blood “betokenethe synne and malice; and wrathe cawsithe þe blood of a man to be wastyd and so schall he falle into a palsey.” ²⁰

Metonymic Wrath

Wrath or anger was a distinct passion in medieval thought. So, although the passions may be considered ethically neutral in

themselves, as previously discussed, the thoughts and actions prompted by the passions are virtuous or vicious, depending upon human reason. The object of anger determines whether anger is virtuous or vicious. Anger directed by reason to the fulfillment of justice is virtuous. The absence of anger in such circumstances may actually be sinful.²¹ However, due to its bodily intensity, anger often overpowers reason. In these cases, anger facilitates sin. Aquinas notes that of all the passions, anger has a particular potential to inhibit reason. Due to the body's reaction to anger—the heating of the blood and the movement of the vital spirits from the heart—its effects are seen most clearly in the outer members. Therefore, anger is the most “manifest obstacle to the judgment of reason.” The heat aroused by anger urges instant action and thus has great potential to forestall reason.²²

Later, the English bishop Reginald Pecock takes up the particular problem of wrath the passion in several of his works of vernacular theology. Pecock argues that the will may suffer more greatly as a result of the passions in cases of humoral imbalances; that is, a man predisposed to a choleric temperament will experience more anger and must struggle more to control that anger. Following on this, Pecock explains that passions may be useful or detrimental to the body and mind, depending on the individual's complexion and self-control.²³ Anger is beneficial to some, particularly the phlegmatic, who “kunnen not haue clerli her wittis, neiþir feruentli y-nouȝ her willyngis, vnto tyme þei be wel chafid in anger, and bifore þei ben dul, derk and slow.”²⁴

Following his extensive discussion of the passions, Pecock explicitly distinguishes between anger the passion and wrath the vice: “angir is a passioun of þe wil or of þe louȝer sensual appetit, and wrap is a fre deede chosen freli by þe wil.”²⁵ However, it is worth noting that although these concepts are distinct, Pecock is not entirely consistent in his choice of words, elsewhere referring to “þe passioun of wrap.”²⁶

As in theological contexts, wrath as a passion in medical contexts is ambivalent: it may harm or heal. Some medical writers warn against swelling caused by wrath, reminiscent of advice given in pastoral texts. In his late medieval surgical manual, Lanfranc of Milan writes of the dangers of wrath to the patient, advising the surgeon to “entempre ... þe herte of him þat is sijk, for to greet wrappe makip þe spiritis renne to myche to þe wounde & þat is caus of swellynge.”²⁷ Here, Lanfranc's sense of “entempre” is physiological in the sense of achieving humoral balance by pacifying the physiological effects of anger, but has an ethical application. One way of tempering the body and countering anger is to direct the will against anger.

That anger causes swelling leads some writers to use anger as a simple synonym for swelling. For example, in a passage on ague, one medical writer instructs the doctor to “anonynte hym firste with popilion, if he hafe anger in his lyuer.”²⁸ Anger is a material condition, something physically evidenced, instantiated in the body, that can impair healing. For Lanfranc, “wraþe” also causes excess blood to gather in a wound.²⁹ Lanfranc further advises “tempering” in the sense of physiological and emotional balance in the treatment of broken ribs: “he schal drinke swete wijn temperatli, & þou muste defende him fro wraþþe & fro crijnge, & fro alle þingis þat wolen make a man to couþe.”³⁰ The rhetoric of “defense” against wrath echoes that in pastoral writing on sin. Like priests caring for souls, the surgeons caring for bodies had to monitor and minister to their patients’ non-material conditions.

In other contexts, however, medical and technical writers highlight the advantages of wrath. Pecock’s discussion of the benefits of wrath for phlegmatics occurs in other texts, such as the late fifteenth-century dietary attributed to John of Burgundy *Gouernayle of Helthe*.³¹ Wrath is also a corrective to timidity. By inducing wrath, the physician can cure the “coldness” of the timid man, thus emboldening him to make decisions and to take actions.³² Passions under the yoke of reason can be used for both physical and moral good. Passions can thus be converted into virtues as well as vices. Wrath is a treatment in certain medical contexts and a virtue in certain ethical contexts. Moralists distinguish between virtuous anger or zeal, which is directed against evil, and bad anger or—wrath.³³ Aquinas’ understanding of justice as the virtuous end of anger is echoed in a host of pastoral texts.³⁴ For example, the author of *Doctrinal of Sapience* notes that “there is a good ire whan one is angry ayenst euyl or ayenst defaulte of another, & that is no sinne.”³⁵ Regardless of its healing or harming properties, anger in medical texts is firmly understood as a force in the body that caused physiological changes. As in Bartholomaeus, “wraþþe makeþ þe puls swift and strong and picke.”³⁶

Testament to the convergence of the two types of wrath—as passion and as sin—is the warning against wrath issued by the compiler of the pastoral work *Jacob’s Well*. In the following passage, he refers to a possessed man in the Bible:

For an angry man & a wretthefull may be lykenyd to a man þat was vexed wyth a feend. Mat. Ix. Whan þe deuyl took hym, þe man hurte hym-self, & beet his hefd & his body azens þe ground, & fomyd out at his mowth, & grente wyth his teeth, & wexe drye. Ryȝt so, whanne wretthe & anger touchyth a dyspytous & a malycous man, he hurtyth & betyth hym-self, wyth heuynes &

vnpaceyence; he fomyth out of his mowth, crying, dyspysing,
chyding; he grynteth wyth his teeth, malice & venym coniectyng;
he waxieth drye wythoutyn grace, wyth þe fyre of wretthe. ³⁷

Rather than a correspondence between material causes and spiritual causes and a correspondence between material symptoms and spiritual symptoms, the two sets of causes and symptoms are proximate, *vicina*. Dryness, for example, is both a spiritual dryness and a physiological dryness. Whereas a lack of pity or grace is elsewhere referred to as dryness in a metaphorical sense, here it takes on a more material resonance, as wrath dries the body. Although all imbalances are unhealthful, Bartholomaeus Anglicus warns that “drynes sleep and is þe werste qualite whanne it passip þe proporciouns in bodyes,” before going on to detail the slow and painful death caused by the imbalance. ³⁸

Material Wrath

Of all the sinners, the wrathful were perhaps the easiest to identify by humoral complexion. In Robert Mannyng’s physiognomic *exemplum*, the priest identifies the wrathful as those with red skin, who stare intently as though mad, demonstrating an excess of the choleric humor. It is reasonable to assume that medieval confessors with a basic knowledge of complexion theory could identify the wrathful accordingly. For example, an English surgical manual describes the choleric as reddish in color, “full of wrappe” and “half-wood”. ³⁹ Cholerics also present with yellow skin and bodies. As we have seen, wrath is conventionally associated with madness in pastoral texts, and, knowledge of one’s own disposition or complexion is critical to monitoring the passions and overcoming the vices. Lydgate’s Wrath poses a greater threat “to folkys colleryk/Than to folkys fflawmatyk,” for example. ⁴⁰

The physiology of wrath has particular implications for gender in pastoral, legal, and medical texts. As previously noted, angry dispositions were thought to reflect an imbalance of the hot quality, the fire element, and the choleric humor. As dryness and hotness were male properties, anger is more often a male than a female vice in medieval texts. ⁴¹ This biological understanding of anger infiltrated the legal process, such that men could mitigate their sentences for deeds committed in “hot anger,” that is, crimes of passion, whereas women hardly used this defense. ⁴² Here, biological understanding underpins culpability for behavior. The distinction between different people’s experiences of the same passion, specifically anger, is explored at length in a recent article by Elena Carrera. ⁴³ Carrera argues that rather than *causing* passions, humoral balance affects the

experience of the passions, for instance, how quickly they are experienced or how slowly they build. Medicine demonstrates how wrath physically impacted women in particular ways. As anger causes blood to flow to the extremities, it follows that anger may cause deficient menses.⁴⁴ Furthermore, *Trotula* notes, “coughing, diarrhea or dysentery or excessive motion or anger or bloodletting can loose the fetus.”⁴⁵

The writer of a fifteenth-century dominical sermon cycle plays on the gender associations of wrath. The sermon develops a conceit whereby the devil renames the sins as positive character traits. Wrath is thus called “virilitas, þat is to sey manhode,” because “he that is a facer or a bracer, a grete bragger, a grete swerer or a grete fyztter, soche men ben calde manly men.”⁴⁶

As for wrath’s cures, Chaucer’s Parson prescribes “debonairetee” or meekness, which “withdraweth and refreineth the stirynges and the moevinges of mannes corage in his herte, in swich manere that they ne skippe nat out by anger ne by ire.”⁴⁷ By “corage,” Chaucer’s Parson seems here to refer to the vital spirit, which rushes out with anger. The Parson suggests that humility might have a balancing physiological effect. Thus, the contrary virtue serves as much as a material remedy as a moral one.

Other remedies that invoke physiological wrath include “science.” As the *Doctrine of Sapience* explains, this third gift of the Holy Ghost allows “a man clere seyng ... for it maketh a man wise by mesure in all thinges.” The writer continues that “his yeft, whan it descendeth to the hert, it plucketh & casteth out the rote of the synne of yre and of felome, whiche troubleth the herte & maketh the man all fro him self, in such wise that he seethe nothing for to conduite him self.”⁴⁸

Rypon recommends that the heat of anger be tempered with fear. “When anyone is frightened, his heart grows cold, and the natural cause is because when anyone is frightened, the heat around the heart in part is dispersed and when one of its adversaries has receded, the remainder follows.”⁴⁹ However, the effects of this fear, a good fear of God and mindfulness of Christ’s passion, are also aided by the “virtue of patience.” From Lanfranc, we recall that fear and wrath are opposite passions to be manipulated depending on the patient’s needs during the healing process.

Patience is by far the most common antidote to wrath in medieval texts. In the Middle English poem *Patience*, the eponymous virtue allows people to “stere” their hearts in the face of adversity.⁵⁰ This quality is recommended in contrast with the negative *exemplum* of Jonah, in which the over-powering storm symbolizes the chaos and irrationality of Jonah’s anger at God’s tests. Just as Jonah fails to “stere” his heart, so the ship cannot be steered. Elsewhere, patience is

used figuratively as a remedy for wrath. For example, in the *Mirror of the Blessed Life of Jesus Christ*, Nicholas Love explains that Christ was “made medecyne of man” and that there is no “wrath bot þat it may be heled throw his pacience.” ⁵¹

However, patience bears a more material relation to illness in both spiritual and medical texts. Illness is one of the many causes of wrath identified in pastoral texts, which thus recommend cultivating the virtue of patience to both counter the sin and help suffer the disease well. After describing the sin of *ira*, the author of *Fasciculus Morum* counsels patience in situations that might trigger the sin: adversity caused by enemies, correction from our superiors, the loss of goods and suffering due to infirmity. Regarding illness, the author discusses the spiritual function of disease as a blessing in that it offers a punishment on earth that is lesser than eternal damnation, as well as encouraging contemplation of the temporality of human life. ⁵² Likewise, Peraldus counsels meekness to repress the inner motion toward anger and foster patience, helping sufferers to bear external hardships that arouse anger. As we recall from Chap. 2, medieval surgeons also encourage patience as part of material healing. Spiritual fortitude and the willingness to suffer facilitate healing. Physiologically, weak hearts impede healing. However, it is unclear whether the fortitude recommended in medical texts is physical or mental, secular or spiritual. Certainly, patience heals and a lack of patience sustains suffering.

Given this rich tradition of the embodiment of wrath in pastoral, medical, and theological literature, we might expect the portrayal of Wrath in *Piers Plowman* at least to rival that of Envy. Yet in the procession of the vices, Wrath is one of the least “embodied” vices. Unlike the other sins, he names himself—“I am Wrathe”—and initially presents himself as one who incites wrath in others rather than one afflicted by wrath. Therefore, whereas we see Envy’s body “to-bollen for wrathe,” we do not see Wrath’s swollen body. ⁵³ There are some scant physiognomic references to his “white eighen,” downward pointing nose and “nekke hangyng.” However, this information pales in comparison with the details of Envy’s self-consumption, wind, and heart disease. ⁵⁴

Wrath details his actions rather than his body, showing how he ravages others. He first presents himself as a gardener who grafts lies upon mendicants and chaplains to please the gentry. The “fruyt” of these plants is that confessants turn to friars rather than their parish priests, who in turn denounce mendicants from their pulpits. Next, Wrath is a cook who serves up gossip in the abbey’s kitchen: “of wikked words ... hire wortes [cooked greens] made.” ⁵⁵

Briefly, Wrath turns to consider his own body. He does not like to

stay at the monastery, because the monks can offer only humble fish and weak ale. However, when the wine comes out, Wrath cannot contain himself. Medical texts warn that the choleric may be more combative and vicious after wine, and Langland's Wrath certainly is. ⁵⁶ After his binge, he has "a flux of a foul mouth wel five dayes after." ⁵⁷ Flux, or diarrhea, and vomiting are associated with excess cholera. As previously noted, wrath was thought to cause continual fever. The afflicted vomit up their excess choleric humor. ⁵⁸ Langland's Wrath spews up choler in the form of evil words. In this portrait, he is both wrath the passion, reacting to and in this case *creating* sense impressions that stimulate others to anger, and the *wrathful* sinner whose actions are deliberate and willed. The passion is thus contiguous, or *vicina*, to the vice, each facilitating the other in a single body.

The overwhelmingly consistent and persistent embodiment of anger in terms of heat has generated considerable discussion among modern conceptual metaphor theorists, who have even drawn on medieval theories of anger and embodiment. Linguists have debated the origin of anger metaphors: whether the hotness of anger is indeed a universal, physiological experience or whether it merely reflects a premodern medical tradition that roots the cause of anger in the physically *hot* choleric humor. ⁵⁹ Regardless of the origins of the modern imagery and phenomenology of wrath, medieval writers were certainly aware of the physiological and psychological entanglements of wrath, grappling with the particularly close relationship of wrath the sin and wrath the passion.

Notes

6. Avarice

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What motivates avarice? Is it a sin of the spirit or of the flesh? From the days of the early Church, thinkers were perplexed as to the motivation of avarice. Saint John Chrysostom (d. 407), for example, writes that physicians understood the origins of lust and wrath in the “temperament of the flesh,” yet had not found a physiological origin for avarice.¹ Aquinas includes avarice among the spiritual sins, although its object is fleshly or worldly. As he explains, “carnal pleasures are those which are consummated in the carnal senses.” Examples are “pleasures of the table and sexual pleasures.” Spiritual pleasures, however, are “consummated in the mere apprehension of the soul ... the avaricious man takes pleasure in the consideration of himself as a possessor of riches. Therefore avarice is a spiritual sin.”² Nonetheless, “by reason of its object it is a mean between purely spiritual sins, which seek spiritual pleasure,” that is, pride, “and purely carnal sins, which seek a purely bodily pleasure in respect of a bodily object.”³ Fittingly, Alexander of Hales positions avarice as a sin of *anima*, with avarice corresponding to the concupiscible power of the soul.⁴ Likewise, in schemes ordering the virtues and vices, avarice hovers between the sins of the spirit and the sins of the body.⁵ It alone occupies the category of the world in the scheme of the three temptations comprising devil, world, and flesh. There are some exceptions, however, to the typical Gregorian order; for example, Richard Lavynham’s *Litil Tretys* promotes avarice to second in the order of the sins.⁶

As for species of avarice, three closely related and sometimes interchangeable concepts predominate in discussions of the sin: avarice, covetousness, and greed. Whereas greed can describe any immoderate desire—for possessions, food, sex—avarice here relates to worldly possessions. Avarice and covetousness are often used

interchangeably in medieval pastoral texts. However, some writers distinguish them. Chaucer's Parson plainly states that avarice is a vicious desire to keep what one has and covetousness is a vicious desire to obtain what one does not have: "coueitise is for to coueite swiche thynges as thow hast nat, and auarice is for to withholde and kepe swiche thynges as thow hast with oute rightful nede." ⁷ Yet this distinction does not always hold. Other pastoral writers offer a biological distinction between avarice and covetousness that will be covered later in the chapter. Of the other, more specific species of avarice, Gregory lists *proditio* [treachery], *fraus* [fraud], *fallacia* [fallacia], *periuria* [perjury], *inquietudo* [restlessness], *uiolentie* [violence], and *contra misericordiam obdurationes cordis* [unmerciful hardening of the heart]. ⁸

Metaphorical Avarice

Perhaps of all the sins, avarice has the most persistent symbolic association with a particular disease: dropsy. Dropsy was an ancient and medieval disease thought to cause extreme thirst. Modern medicine now considers dropsy (usually referred to as water retention or *edema*) as a symptom, not a disease. According to older medical ideas drinking only aggravated the thirst caused by dropsy. Contrary to later medieval and modern medicine, earlier medieval medicine held that water retention was cured by abstinence from drinking. It was also associated with painful swelling under the skin and bad breath. ⁹

Dropsy's symbolic unity is easily grasped, as dropsy tortures its victims with an unquenchable thirst. Although the association is old—it is found in the late fourth-century writings of Saint Augustine, for example—the image acquires greater currency in the later Middle Ages. Despite developments in later medieval medicine suggesting that the thirsty person should drink, later medieval moralists stuck with the earlier medical cure of abstinence for didactic purposes. ¹⁰ Greed and dropsy are paired in countless sermons and treatises on the vices. In particular, homilists gloss the dropsical man healed by Christ in the Bible as representing "covetose pepill." ¹¹

Gower's Midas in *Confessio Amantis* demonstrates the insatiable, dropsical thirst of the avaricious. In Gower's version, Midas is a "courteis king" who does not have a particular avaricious disposition at the outset of the tale. ¹² When the god of wine, Bacchus, offers him one wish, he debates over what is most pleasing to man's nature: delight, worship, or profit. He is uncertain about delight on the grounds that it will pass with age and "schal ende in wo." ¹³ He is also anxious about choosing worship as he thinks that it will induce pride. However, he reasons that wealth invites thieves and might promote

vanity. After some deliberation, “he fell upon the coveitise/Of gold” almost by accident, making Midas a more sympathetic character in Gower’s account. ¹⁴

However, following the constraints of the traditional story, Midas must serve as a negative *exemplum* of greed. Everything he touches turns to gold, even those things that have negative value in gold, such as the basic staples of life. Gower writes: “hunger ate laste/Him tok, so that he moste nede/Be weie of kinde his hunger fede.” ¹⁵ When he cannot sate his hunger,

... hath this king experience
Hou foles don the reverence
To gold, which of his oghne kinde
Is lasse worth than is the rinde
To sustenance of mannes fode. ¹⁶

The story demonstrates that avarice is contrary to human nature, while associating the sin with the specific disorder of dropsy:

Men tellen that the maladie
Which cleped is ydropesie
Resembled is unto this vice
Be weie of kinde of Avarice.
The more ydropesie drinketh,
The more him thursteth, for him thinketh
That he mai nevere drinke his fille,
So that ther mai nothing fulfille
The lustes of his appetit. ¹⁷

Like their co-sufferers trapped in an endless cycle of thirst that cannot be broken, the avaricious are elsewhere gripped by a tenacious fever. In *Mirror of Man*, for example, Gower writes “it is said—but improperly—that an avaricious man has much money, but the truth is that money has him. Furthermore, “as a feverish man does not have fever, but rather the fever has him in subjection, sick and suffering, so that he cannot taste any flavor, so the avaricious man is similarly servant to his gold.” ¹⁸

In a similar vein to unquenchable thirst and perpetual fever, some writers compare avarice to open sores that will not heal. In the fifteenth-century lyric “Medicines to Cure the Deadly Sins,” avarice is “an horribill sore” that troubles the speaker continuously “ffor evyr he covetith more and more/Off plastris than I purvay more.” ¹⁹ The poem analogizes the futile feeding of the desire with money with the feeding of the open sore with medicine. Instead of more plasters, “a mastir of ffysyke lore” recommends the “gentyll herbe” of “elemosina” or alms

so that the sore will “dry and vanysh away.” ²⁰

As we have seen, blindness functions as a rhetorical device throughout discussions of the seven deadly sins, including accounts of avarice and the avaricious, who are blinded by worldly possessions. In regards avarice, Peter of Limoges offers a scientific justification that blends the medical and the metaphorical:

In order to see an object, there needs to be some object between the eye and the object. The eye cannot see an object plainly and clearly unless the object is separated from it by a proportional distance, and therefore since greedy people put temporal wealth over the eyes of their heart, they form a perverse judgment about riches, so that they consider things that are worthless to be precious. And just as a corporeal eclipse will occur because of the interposing of an object that casts a shadow between the sun and the eye of the body, so from the fact that through a too ardent love something earthly is placed between the eye of the heart and the sun of justice, a spiritual eclipse will take place in the soul of the greedy person. ²¹

The distorted value accorded to wealth and possession thus mirrors that of perspective in one's vision. In more iconographic and allegorical descriptions, the eyes of the avaricious are impaired (sometimes obstructed by shiny metal or smoke) or misdirected, pointing downward toward the earth. ²²

Dealt to several of the sins, leprosy also symbolizes avarice, drawing on Old Testament authority. Medieval sermons and other texts cite the story of Giezi in 2 Kings 5. In the biblical story, the prophet Eliseus miraculously cures the Syrian general Naaman of his leprosy. However, Eliseus' greedy servant Giezi tries to profit from the cure by asking Naaman for silver and clothing. For his greed, Giezi becomes afflicted with Naaman's leprosy. The association of this story with avarice is clear in the use of “Gyesite” as a synonym for simony in *Pilgrimage of the Life of Man*. ²³

Furthermore, sermons specifically use images of leprosy to warn against avarice. Lambeth 392 associates certain symptoms of leprosy with sins. In quite a long discussion of the fourth symptom, or property, of leprosy, the “gret plente of þurst” symbolizes “þe synne of auarice and of coueitise for a lepur man is euer more þursti and drie of kynde for þe more þat he drynkþ”; likewise, the more riches the covetous man has, “þe more couetous he is.” ²⁴ The homilist continues with the story of Giezi to illustrate the punishment of the avaricious: “doom wiþ outyn mercy to hym þat doþ no mercy and þis is þe lepre of Giezi” who is punished for his covetousness. The implications of leprosy for heredity are also applied to avarice: “so þe meselrie of

couetise drawiþ to þis couetos men and to þe seed of hem and þerfor þe sonys of hem wol nout zeldyn aȝen þat her fadris for couetise haue takyn wiþ wrong and þerfore ȝif þe sonys wityngly wiþ holdyn suche wronge gotyn goodis þei schullyn wiþ her fadris be dampned for euer in helle.”²⁵ Yet the hereditary nature of sin, unlike leprosy, involves an active decision by the sons to clutch their fathers’ ill-gotten gains.

Metonymic Avarice

What kind of passion is avarice, if any? In medieval religious texts, avarice is not a distinct passion but rather associated with two passions: a particular type of concupiscence and fear. Aquinas distinguishes between natural and non-natural forms of concupiscence. If concupiscence is a “craving for pleasurable good,” there are two types of pleasurable good. The first comprises natural goods that are “pleasurable to the nature of the animal,” such as food and drink, which both animals and people desire. The second kind of concupiscence, which Aquinas calls *cupiditas* is a craving for those things “beyond that which nature requires,” which is experienced only by people.²⁶

The passion of fear often appears in pastoral descriptions of avarice. For example, *Fasciculus Morum* lists “the fear one has in possessing property” among the three qualities of avarice.²⁷ This avarice-induced fear has physiological implications, as all passions were thought to have had. For example, after the tale of Midas, Gower continues his exploration of the unnaturalness of avarice in *Confessio Amantis* with the tale of Tantalus. Here, avarice is shown to be hard on the heart, inducing sleeplessness and restlessness: “for hou so that the body reste,/The herte upon the gold travaileth/Whom many a nyhtes drede assaileth;/For thogh he ligge abedde naked, /His herte is everemore awaked.”²⁸ Modern psychological and neurobiological attempts to pathologize avarice frequently also identify a source in fear.²⁹

Theologians and medical writers understand fear as physiologically hard on the heart. According to medieval medicine, fear causes the vital spirits to rush to the heart. The absence of the vital spirits in the body causes coldness. Therefore, fearful or timid men are considered to be cold, and coldness is thought to increase fear and timidity. Inducing wrath thus produces the opposite effect, drawing the vital spirits away from the heart to the extremities, and can serve as a corrective for fear and coldness, as advised in medieval medical texts.

³⁰

Material Avarice

Material dispositions or conditions can shape avaricious tendencies, just as avarice can affect the health of the body. The body most commonly *caused* or at least *predisposed* a person to avarice through the natural and inevitable aging process. What is the physiological basis for this understanding of avarice as age-induced? The aging human body was associated with changes in temperature and increasing disposition toward certain sins. We recall from our discussion of pride that the medieval encyclopedist and theologian Thomas of Cantimpré claims that although the desires of the flesh and pride cool as the body ages, greed for money and possessions grows.³¹ In a similar vein, the thirteenth-century theologian Peter of Limoges writes, “avarice has established a ludicrous and lamentable fellowship with old people, so that when they should need things less, they long for them more passionately, and the quicker they come to the point of relinquishing possessions, the more eager they are to face dangers [to keep them].”³² As with other physiological conditions and forces, aging impacts ethical dispositions.

Theologians recognized the potential tension between age-induced avarice and the culpability for sin. Aquinas directly addresses this in his section on *avaritia*. Responding to the potential objection that avarice is not a sin, made on the grounds that the natural cannot be sinful and avarice comes naturally to old age, Aquinas argues that “natural inclinations should be regulated according to reason ... though old people seek more greedily the aid of external things ... they are not excused from sin if they exceed this due measure of reason with regard to riches.”³³

In medieval medical accounts, the elderly were thought to suffer from increasing dryness in addition to coldness, correlated with their melancholic imbalance.³⁴ According to one medieval surgical manual, melancholy’s “lordschipe” “y-gendrid of drede & sorowe, and he is cold and drie, and an humor of þe erþe ... coueitous.”³⁵ The late thirteenth-century Giles of Rome, translated into English by John Trevisa, explains that “comonliche þe sowle folweth complexions of þe bodye,” and thus “as olde men in here owne bodye failen in humours and in lif, so þei dreden þat al here good failen.”³⁶

Pastoral accounts reflect these medical explanations. Peraldus associates avarice with the element of the earth: its cold and dry qualities and its age: “according to [the nature of] earth, which is the lowest element, springs *acedia* and greed.” Greed [*avaritia*] is borne from the qualities of the earth, “because like the earth it is cold and dry; therefore, old men, in whom heat and humidity are lacking, are exceedingly greedy.”³⁷

In a more extensive treatment, Robert Rypon associates the sixth age, “old age,” with the cold and dry melancholic complexion, which

disposes one to avarice, for it is “natural for coldness to gather and for dryness to consume moisture.”³⁸ Rypon follows this naturalistic and medically consistent explanation of the aging process with the more common symbolic connection with dropsy, but passes over the latter quickly in order to focus on its cure. Just as nature disposes to avarice, nature also “ordained a general remedy against this vice”: mercy, or “the virtue by which the mind is disturbed by the misfortune of those who are afflicted.”³⁹ Although mercy was not typically listed as a trait of the melancholic in medical texts, Rypon elaborates on how, in context, the suffering of the melancholic might be expanded to include their fellow Christians:

By nature you should do for others what you wish to be done to you if you were in a similar situation. But if you were in need, you naturally desire relief, so naturally you would do thus for your neighbor in need. And this virtue is especially natural in the aged because from nature they have serious weaknesses in themselves ... these natural defects in old people make them think of the brevity of life and remember their last days and have compassion on the poor who have similar defects or greater ...⁴⁰

Rather than the symbolic dropsy, physiological imagery provides a more vivid and detailed mode of analysis for Rypon both in describing the sin and its cure.

Despite the strong connection between avarice and age, reinforced by the diminishing heat of the body, pastoral texts often also describe the “glowing heat of avarice.”⁴¹ Disagreeing that the bodily changes accompanying natural aging promote greed, other thinkers instead link greed with other desires and thus heat. While avarice is most commonly associated with the desire for money, moralists also refer to desire for rank, knowledge, and position. According to this alternative logic, all desires are tempered as aging and cooling occur. However, some of these accounts separate avarice from covetousness. The early fourteenth-century confessional manual *Handlyng Synne* separates the two vices in terms of nature and the body. Mannyng explains that “coueytise, cumþ of kynde of blode” whereas “auaryce, ys noþer kynde ne gode.”⁴² Here, the author draws on the Middle English word “kind” which can mean both “natural” and “good.” Covetousness is thus a perversion or excess of a desired good, whereas avarice removes good. “Couetyse, cumþ oþerwyle of gode;/ But auaryce wyþdrawþ mannys fode.”⁴³ Furthermore, “couetyse, to gode men mowe hyt charge;/ But auaryce, ys noþer gode ne large/Couetyse, ys of wylle, as ys a bayte,/But auaryce, ys nygun haldyng strayte.”⁴⁴ The distinction between covetousness and avarice is thus biological.

Giles of Rome also makes this distinction. He writes that while the

elderly do not crave or desire what they do not possess, they jealously guard what they do. They “lyueþ in mynde and in trist of god þat þei haue ygete, and trist nat in gode þat þei scholde gete here aftir.” ⁴⁵ Thus the hoarding of wealth is associated with cold and older age and the acquiring of wealth is associated with heat and younger age. Confusingly, the words used to describe these activities (acquiring and hoarding, or covetousness and avarice, respectively, in Modern English) are often conflated in medieval accounts. When avarice is correlated with summer, cholera, and heat, in *Speculum Sacerdotale*, the early fifteenth-century handbook for priests, it is unclear whether the writer means the acquisition of wealth or the keeping of it. The writer assigns the four seasons of the year to the body’s four humors and four types of related sinful behavior. Men fast to combat their natural inclinations caused by the dominance of the given humor in each month. In summer, when hot and dry cholera dominates, fasting “chastens in us the obnoxious heat of avarice.” ⁴⁶

Of course, fasting *due* to avarice is its own sin. As the compiler of *Jacob’s Well* exclaims, “ȝif þou faste as an averous man, þi purs byddeth þe faste, þi bely byddeth þe etyn; þus þi two goddys arn contrarie, þi bely is large in oþere mennys costys, but þi purs is euere-more scarce; þou fastyst as a nygard.” ⁴⁷ Medical texts also draw a connection between avarice and digestive difficulties. In Guy de Chauliac’s surgical manual “an auerous” is synonymous with a “nigard or constipate.” ⁴⁸

Furthermore, pastoral writers implicate the practice and practitioners of material medicine in their discussion of avarice. One late medieval homilist groups “leches, physicyons, taverners and tollers” as those “that by fals soteltees takyn falsely mennus goodes.” ⁴⁹ The association of physicians and the practice of medicine with avarice was so common as to function as a metaphor for other avaricious groups. One homilist compares sinful ecclesiastical judges to such physicians:

For every vice and for every sin they prescribe only a single medicine—that which is called by the popular name of “pecuniary penalty.” This certainly appears to be well called “a penalty,” because it is very “penal” to many; nevertheless, whether it ought to be called a “medicine” I do not know. Yet, in truth I think that if it is a medicine, it deserves rather to be called “a laxative medicine for purses,” rather than “a medicine for souls!” ⁵⁰

This image not only accounts for developments in discretionary medicine and penance, which adapted particular cures and penances to fit particular patients and sinners, but aligns the traditional

association of constipation or dropsy and avarice with a satirical portrayal of doctors.

As cures for the avaricious, pastoral writers prescribe almsgiving and pity. In Mirk's *Festial*, "almus dede hyt quenchyth synne and þe fyre of couetyse," again aligning covetousness, in particular, with heat.⁵¹ Many pastoral texts simply advise pity.⁵² Yet the moistness of pity could provide a physiologically sound cure for the dryness of greed, a connection used by a fifteenth-century homilist to advocate the "moystnes of pyte."⁵³ He explains that "he that wantiþe þe vertu of charite and of pite he hathe no pyte on pore pepyll and one þem þat be seke and nedy: he is lyke a man þat hathe not a very holsome stomake to þe comforth of the body."⁵⁴ Likewise, the same homilist links the declining health of an aging man with the decline of "pite and compassion," a medically supported argument in terms of the natural drying of the body with age.⁵⁵

Theologians and pastoral writers were sensitive to the potential medical comparisons to and physiological explanations for avarice and covetousness. Some of their engagement with medical imagery remains firmly on the symbolic end of the spectrum, whereas others enlist the sin's material complexity in order to draw critical distinctions of the role of the will and culpability, particularly in regards to aging.

Notes

7. Sloth

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Before there was “sleuthe” there was *acedia*, which means something more like apathy or torpor, a spiritual dryness. While the notion of *acedia* had existed for centuries before, it received its first systematic treatment in the writings of the desert monk Evagrius Ponticus. ¹ For Evagrius, *acedia* is the worst and most violent of the vices. For his follower, John Cassian, *acedia* is also insidiously destructive of ascetic discipline. He describes its trajectory as one from horror in the mind over one’s circumstances to disgust at one’s peers to physical paralysis of one’s own labor. ²

Acedia is not mere laziness. However, there are significant points of overlap between the senses of spiritual malaise and physical lethargy, even at this early date. For example, Cassian’s remedy for *acedia* is manual labor. ³ Gregory, however, in writing of *tristitia* [sadness] instead numbers its species as *malitia* [malice], *rancor*, *pusillanimitas* [pusillanimity], *desperatio* [despair], *torpor circa precepta* [slothfulness in keeping the commandments], and *uagatio mentis erga illicita* [wandering of the mind toward illicit things]. ⁴

Writers in the later Middle Ages pay increasing attention to sloth’s external characteristics, rather than its psychology. This change probably reflects the direction of Western theology toward more general pastoral care and away from a more specific desert asceticism. ⁵ Whereas the danger of *acedia* weighed heavily on the desert monks and scholars, who were often isolated in their cells, sloth tended to trouble the ordinary faithful. Yet older ascetic and clerical conceptions of sloth persist alongside the developing presentation of the sin. The scholar Siegfried Wenzel has surveyed the parallel and intersecting careers of *acedia*; I focus here only on how the ambiguity of its definition reflects upon physiological arguments related to sloth.

The status and understanding of sloth in relation to the soul and

body changes around the thirteenth century. Although a strictly spiritual sin for the desert fathers, sloth increasingly relates to the body. In Alexander of Hales' thirteenth-century scheme of *spiritus*, *anima*, and *corpus*, sloth slots under *anima*, denoting the soul as it pertains to the body.⁶ Also drawing together the spiritual and corporeal, Aquinas defines *acedia* as "the negligence of a man who declines to acquire spiritual goods on account of the attendant labor."⁷ Yet as the later medieval period progresses, sloth also features as a temptation of the flesh (as opposed to the devil or the world) or a sin of the flesh (as opposed to the soul or spirit) in schemata of the seven deadly sins.⁸ In a fifteenth-century Middle English sermon, for example, sloth confidently figures with lechery and gluttony as one of the sins in which "þi flessch temptes þe."⁹ This shift in emphasis from soul to body implicates sloth's physiology and basis in the humors.

Metaphorical Sloth

Cassian's description of *acedia* utilizes several medical metaphors. He first describes the sin as a "kind of fever" that attacks at the same time each day "inflicting upon the enfeebled soul the most burning heat of its attacks at regular and set intervals."¹⁰ He also describes *acedia* as a "disease" but it is one that must be "cast out" "from the depths of his soul." However, these are not medical interpretations of *acedia* that we will see later. For Cassian, *acedia* is foremost a condition of the soul, not the body, which nonetheless impacts the body through the soul.

Later medieval religious and poetic texts associate sloth with a variety of ailments and pathological conditions, including quartan fever, quotidian fever, palsy, leprosy, fever, gout, dead flesh, apoplexy, melancholy, back pain, heart disease, and gas.

In terms of a direct bodily correspondence, sloth is usually paired with the feet. In Hilton's mappings of sins onto body parts, the feet denote sloth.¹¹ In sermons, plotting Christ's wounds as remedies for the seven deadly sins, sloth is the nail through the feet.¹² Likewise, the slothful are often punished in purgatory and hell by having their feet or legs broken, or by gout, which involves the swelling of the feet.¹³ Sloth first binds the Pilgrim's feet in the *Pilgrimage of the Life of Man*.¹⁴ We can see this kind of image as a symbolic correspondence. The bound feet metaphorically restrain the slothful from activity. Patristic in origin, the association of feet and sloth was well established in the later Middle Ages. Phillipe de Vitry (d. 1361), for example, writes of the two feet *pes intellectus* and *pes affectus*, which represent the two faculties of the soul, and of which the slothful use only the first.¹⁵ The necessity for contemplatives to use their *pes affectus* (elsewhere *pes amoris*) or "foot of love" in the journey to God

serves as a significant image in mystical texts, such as *The Cloud of Unknowing*.¹⁶ Podagra, or gout of the foot or big toe, is also paired with sloth. John Bromyard uses podagra as a synonym for sloth: “those are affected by podagra ... are usually rather slack in things that belong to God, such as sermons and useful enterprises, while they are much faster when it comes to shows and idle occupations.”¹⁷

Beyond diseases of the foot and gout, the medical conditions most commonly associated with sloth are palsy and lethargy. These references range from metaphorical to material, often confusing causality and correspondence. The unconfessed slothful are punished with palsy in the purgatory described in “A Treatise of Ghostly Battle.”¹⁸ We recall the paralytic of Bodley 649 who *fuertunt figurati* the slothful in an exegesis of Matthew 9, Christ’s healing of the paralyzed man.¹⁹ It is often difficult to discern whether lethargy serves as a metaphor or a symptom of sloth. Lethargy was, after all, a medical condition, as recognized by Bartholomaeus Anglicus and Lanfranc of Milan, for example.²⁰ However, Gower in *Mirror of Man* seems to anticipate this problem, distinguishing between symbolic and material lethargy in his description of sloth as “like lethargy, which kills the sleeping man.”²¹

Finally, pastoral writers depict the eyes of the slothful as sleepy or obstructed. Langland’s Sleuthe has “two slymed eighen” that likely refer to the obstruction of sleep-induced discharge.²² Peter of Limoges describes both the “internal eyes ... weighed down with the sleep of laziness” and the external eye that cannot be kept open during the hours of office.²³

Metonymic Sloth

The tension between disease and sin is particularly acute in depictions of sloth, due to the blurriness of the distinction between sloth and *tristitia*, or sadness. In theological and medical contexts, sadness is identified as a passion, or emotion, and *acedia* or sloth as a sin. Aquinas unifies them by making *acedia* a type of *tristitia*, or sorrow.

As we recall from our discussion of envy, sorrow is one of the chief passions for Aquinas. He explains that this passion causes a contraction or flight within the body, threatening not only the health of the soul but that of the body.²⁴ *Acedia* is a special kind of *tristitia*, a “sorrow for spiritual good.”²⁵ Accordingly, whereas sorrow is not always evil, *acedia* is. How bodily is *acedia*? As a type of *tristitia*, *acedia* involves the sensitive appetite. Yet while *tristitia* might refer to sorrow belonging to either the sensitive or the intellective appetite, Aquinas emphasizes that *acedia* must involve the will. It is not strictly a movement of the sense appetite, such as bodily pain or sorrow, *dolor*.²⁶ If only a mere beginning of sin, in the sense appetite, it is

venial; yet with the consent of reason, it is mortal. ²⁷

Does *acedia* involve both the body and the soul? According to Aquinas, *acedia* must involve both body and soul, or it is not a sin at all. We recall the reference to physical labor in his definition. However, the spiritual dimension is imperative; *acedia* is not simply a matter of distaste for physical labor, but rather sadness about the divine good and the potential movement away from the divine good caused by physical labor. ²⁸ However, as the concept of sloth emerges, it incorporates a wider range of activities and behaviors. For example, *Jacob's Well* defines "slowthe" as "whan þou art vnlusty of þi-self, to seruyn god or þe world, desiring princepally bodily ese, lothe to travayle, outhir for lyiflode bodily ouþer for lyiflode gostly." ²⁹ Sloth relates not only to spiritual duties but to those of the world; work serves both the body and the soul. ³⁰

As for the increasing embodiment of sloth, other moralists claim that sloth itself is a passion. In *The Donet*, the fifteenth-century bishop Reginald Pecock pays special attention to sloth, which he views as unique and thus deserving of particular treatment. Consistent with his arguments concerning anger and envy, Pecock claims that in some instances sloth is not a moral vice. If a person's willingness "to leue and forbere what resoun biddip to be doon" in the interests of "eese or for squaymosenesse of peyne" is called "slouþe," then "slouþe is no moral vice or synne, but it is natural and indifferent to moral vertu and moral vice." ³¹ Pecock's categorization of sloth as passion or sin probably reflects an expansion of the concept, which is liberated from the spiritual.

However, Pecock goes further, arguing that sloth is not a sin to be numbered among pride, envy, wrath, gluttony, and lechery. If sloth is defined as the desire to "leue and forbere, or a nylling to do, what resound biddip to be doon," it is better understood as a "general moral vice contrarye or stonding azens many special moral vertues." Rather than a distinct sin, sloth is an "aggregat of manye diuers special moral vicis." ³²

Material Sloth

Many religious and medical writers associate sloth with humoral imbalance. Sloth is linked with both phlegm and melancholia, reflecting the ambiguity of its definition as closer to despair or laziness. ³³

The older definition of sloth, spiritual dryness or depression, corresponds to an association with melancholy. When aligned with melancholy, sloth has implications for gender and the possibility of religious and emotional experience. According to medieval medicine, men tend to be dominated by hot and dry qualities, or the choleric

and sanguine humors, whereas women tend to be dominated by wet and cold qualities, or the phlegmatic and melancholic humors. Of the male personality types, choleric are thought to be energetic and volatile, and the sanguine cheerful and generous. Of the female personality types, phlegmatics are thought to be dull and sluggish and the melancholic delusional and self-centered.

Humoral balance was considered to have a profound influence on spiritual capacity, particularly the ability to see spirits and distinguish between demonic and divine ones. Different humoral balances led to different possibilities for religious experience. William of Auvergne thought that the phlegmatic complexion was especially unspiritual, whereas melancholics were more susceptible to mystical rapture. However, he distinguished the potential for mystical visions according to gender, separating the melancholic complexion from melancholic imbalance or illness. According to William, the former, a pathological condition experienced by men, lent itself to true visions, whereas particular imbalances in women could lead to false visions. ³⁴

The theologian Jean Gerson, known for his writings condemning Saint Bridget as a false visionary, discusses the discernment of spirits in highly medicalized terms. He attributes a predisposition to hosting divine spirits to specific humoral conditions (a sanguine complexion) and a predisposition to hosting demonic spirits or to fraudulent imitation of possession with other specific humoral conditions (a melancholic complexion). He also details the physical causes of fantasy and brain damage, such as excessive fasting. "Medical books are full of such monstrous apparitions and disturbances in the power of judgment resulting from injury to the interior powers." Citing Jerome, Gerson claims that such people "are more in need of the remedies of Hippocrates than the counsel of others." ³⁵ Not only does a female complexion cordon off possibilities for experiencing the divine, but her medical description parallels the defining traits of sloth. For example, the causes of sloth mirror the physical and psychological traits generated by a phlegmatic, female physiology; "tenderesse," "tenterhed or nessched of herte," "ydelnesse," "heuynesse," and "pusillanymyte," are among those listed in *The Book of Vices and Virtues*. ³⁶

One further association of sloth and melancholy inextricable from gendered identity is lovesickness. Although the relationship between sloth, gender, and mystical experience is contested, at least implicitly, by the remarkable imprints of female medieval mystics, one form of sloth that is particularly male is *Amor hereos* or lovesickness. Lovesickness was an established medical condition in the Middle Ages to which melancholics were considered especially prone. ³⁷ Lovesickness is a disease of judgment, a failure of estimation,

characterized by the overheating of the brain, and the fixity of the imagination on a loved object.³⁸ Other diagnostic symptoms are sleeplessness, languishing, and myopic fixation. Melancholics, who take impressions so deeply, as in the case of mystics, are thus most susceptible to lovesickness.

Lovesickness features as a theological concern in pastoral writing. Canon 22 of the Fourth Lateran Council, whose requirement that physicians call a priest before treatment has already been discussed, concludes with the following: “and since the soul is far more precious than the body, we forbid under penalty of anathema that a physician advise a patient to have recourse to sinful means for the recovery of bodily health.”³⁹ Such sinful means included fornication, masturbation, and drunkenness, all established medical cures for lovesickness.⁴⁰

Whereas sloth as lovesickness corresponds to the melancholic humor, sloth in its more familiar definition—that of laziness, lethargy, or idleness—corresponds to the phlegmatic humor. The phlegmatic are chaste, slow in movement and reason, sleepy, fat, dull. Some of these associations are symbolic and some are more medical. As an example of the first type, we can think of the medieval and modern use of “luke-warm” to describe the slothful or those not fully committed. In *Summa Viciorum*, for example, Peraldus lists one of the species of *acedia* as *tepiditas*, and describes the slothful as *tepidus*. In Middle English texts, “leuk” and “leukwarm” describe people and activities performed without fervor, yet tepid warmth also reflects a phlegmatic physiology.⁴¹

Medical descriptions of the phlegmatic, however, resemble those of sloth: “for a verray fleumatik man is in þe body lustles, heuy, and slowȝ; dul of wit and of þouȝt, forȝetful; neissche [soft] of fleissche and quauy [moist] ... ful of slouthe and of slepinge.”⁴² This phlegmatic physiology is consistent with many poetic and pastoral descriptions of sloth. In *The Mirror of Man*, for example, Gower writes that “si fleumatik” [if *phlegmatic*], he “soie a attemprée” [will be *tempted*], by “Gloutenie et Lacheté” [*gluttony and sloth*].⁴³

Robert Rypon’s sermon offers a more medically thorough alignment of the first ages of development—infancy and childhood—with cold and moist complexions, which will be covered in more detail in the next chapter. The cold and moist complexion naturally disposes infants and children to sloth and gluttony: “and thus it causes heaviness; this heaviness troubles the body and disposes it to somnolence, which is especially a species of sloth.” Such sloth is natural in children, and a remedy is available in the form of their parents’ provision of labor.⁴⁴ Rypon’s understanding of early physiology is consistent with medical descriptions of infants and

young children as of moist complexion, requiring much sleep.⁴⁵

Certainly, medieval medical texts acknowledge the symptoms and dangers of sloth. Lanfranc writes that the “surgian, in al þat he myȝte, he muste tempere a sijk mannes slepinge; for to myche slepinge engenderiþ superfluyte & febliþ his vertewes, & coldiþ & lesiþ al his bodi.”⁴⁶ Too much sleep imperils the body and weakens the virtues.

However, the most urgent use of medicine in pastoral texts as regards sloth concerns the potential for abuse. Pastoral writers warn that sinners exploit the material connections between sloth and the body, as the slothful falsely invoke material illness to excuse themselves from sins and obligations. We recall the homilist who explained how the devil and sinners rename sins according to their own interests—manhood for wrath, for example. The slothful do the same. However, “slowþe” is called “impotencia.” The sleeping slothful, being roused to attend church, decline on physical grounds, claiming that “I am olde” or “sekely ... I am febyll.”⁴⁷ *Fasciculus Morum* also rails against the ready excuses of the slothful for why they cannot keep vigil, fast or pray: “the first of these a slothful man cannot undertake because it would weaken his body; neither can he undertake the second because he gets a headache or eye ache; nor the third either because he does not know the Our Father and other prayers, and if he does, he gets a swollen tongue and lips.”⁴⁸

Sinners’ tendency to locate excuses for their behavior in their bodies is a marked and recurring trait of depictions of sloth. Lydgate’s Sloth piles on descriptors and disabilities to excuse herself. She is “slow and encombrows/Haltynge also, and Gotows.” Her “lymes crampysshynge/Maymed ek in [her] goynge,/Coorbyd.”⁴⁹ Acknowledging her excuse-making, she states that she is “fowndryd [*exhausted*] ay with cold;/On ech whedyr, I putte blame.”⁵⁰ Yet she might also here gesture toward a humoral excuse in coldness.

The blending of symptoms and sins is particularly acute in the case of sloth and therefore particularly dangerous. Sinners deceive themselves into thinking that their sin is a sickness. In an *exemplum* in *Alphabet of Tales*, one monk convinces himself that he is sick when actually he is in sin. When it is time to “rise vnto matins, he was euer stryken into a grete ferdnes & a fayntnes, to so mekull þat he supposed hym selfe þat it was a sekenes.”⁵¹ Similar accounts of how the devil tempts sinners by preying on their natural humoral imbalance, *The Book of Vices and Virtues* describes one cause of sloth as “tenterhed or nescched of herte, þat is þe deueles fepere bed.” On this bed, the devil “seiþ to a man or womman, “þou hast be noresched to softely, and þou art of to feble complexioun; þou myȝt not endure to do gret penaunce, for þou art to tendre.”⁵² Specifically, sloth is the devil’s medicine in John Bromyard’s *Summa Praedicatorum*, tempting monks

to stay in bed with medical excuses to miss matins. ⁵³

Lady Sloth steals into the soul by playing a *desheitez* [*invalid*] in the Anglo-Norman *Le Livre de Seyntz Medicines*, Henry of Lancaster's personal confessional. ⁵⁴ Using images related to charity and hospitality, Henry explains how Sloth insinuates her way into the soul, seeking comfort, and then falls asleep. ⁵⁵ Throughout the text's exposition of sloth, Henry draws both symbolic and material connections with medicine. He describes the operation of theriac, an antidote to venom that is itself an even stronger poison. However, "should the poison inside the man have been there for some time and be so virulent and malignant that the theriac is simply not potent enough to expel it, then the man worsens by so much the more." ⁵⁶ Henry claims that he is so poisoned, and that the theriac of sermons, which includes the strong poison of the pains of hell, is not efficacious.

In response to the heavy urgency of the humors, pastoral writers also describe both physical and metaphorical cures for sloth. Outlining four purgatives that heal the sinner, one fifteenth-century homilist blends metaphorical and material healing in his exposition of the first purgative, sweat. Sweat is especially efficacious for "he or sche þat lyueth in þe synne of slowthe." ⁵⁷ Although "travel [*travail*] or ellis be grete labor" that generates material sweat might usefully combat the sin of sloth, the labor described by the homilist is figurative, and signifies abstinence: "absteyne the frome all delicus metis and drynkis þe whiche scholde cawse this flessche to ryse in oþer synnes þat wolde be rebell to they sowle." ⁵⁸ The homilist goes on to describe this cleansing abstinence as follows: "the best medycyn for þis disese is to travel tyll thu sweyte owte þe fowles synne." ⁵⁹

Yet pure physical activity is a vital treatment in material medicine. Exercise was one of the non-naturals. John of Mirfield (d. 1407), who was both a priest and a doctor, compared excessive rest to stagnant water that caused disease: "just as stagnant waters putrefy and iron and all other metal rusts from lack of use, so it is excessive rest the creator, nurse and multiplier of evil humors and the begetter of corruption in members of the body and in the human blood." ⁶⁰ This analogy between the stagnant body and stagnant water, or disease-causing miasma developed in the later Middle Ages, reflecting the plague epidemic as well as increased understanding of how disease spread. ⁶¹ Other homilists use the plague etiology to analogize the sinner mired in sloth, idleness and inactivity, ⁶² as illustrated in the following sermon:

it is of oure liffe here in þis world as it is of þe watur of þe see,
and as of oþur watur þat stondeþ in podels [*puddles*]. Þe watur of

þe see is euermore in contynue mevyng and steryng, ebbynge and flowynge; but þe watur that stondeþ in podels meves not, but is in reste. Where-fore it vaxes sone corrupt and stynkyng ... For ryght as þe watur in podels þat stondeþ and noȝthe is meved ... vaxeþ corrupte and stynkyng, ryght so man that is not goyinge ne wirchyng in good verkes vexeth corrupt and stynkyng thorowe dedelye synne. ⁶³

It is unclear whether man signifies the soul (in which case the plague and the disease-causing miasma are metaphors) or the body (in which case the passage offers a more material description, such as that found in John of Mirfield). The economic and social context of post-plague England, however, supports the material interpretation. Plague bore a material relation to conceptions of labor and sloth. After the plague, there was both a shortage in the labor market and increased social mobility, and the English Parliament passed various laws to restrict wages, vagrancy, and begging. ⁶⁴

Later medieval ideas of sloth further the role of medicine in understanding the sin. Although theologians consider the implications of physiology and the constraints of the body and human culpability for all the sins, more pastoral descriptions engage explicitly with these arguments in relation to the corporeal sins of sloth, gluttony, and lechery. Fittingly, the metaphorical and metonymic understandings of these more corporeal sins encroach upon metaphorical descriptions, rendering them at times ambiguous or indecipherable.

Notes

8. Gluttony

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In rankings of the seven deadly sins, gluttony is almost always first or nearly last. For the desert father Cassian (d. 435), gluttony is first among the sins. However, a century or so later, Gregory the Great (d. 604) inverts Cassian's order, placing gluttony last. Yet for many theologians in the later Middle Ages, gluttony retains the place of pride. Peraldus (d. 1271), for example, begins his treatise on the vices with gluttony, reasoning that the devil first tempts Christ with gluttony in the desert.¹

Regardless of its place in the septenary, gluttony, the most natural of the sins, poses a unique sort of problem for theologians. In Cassian's words, "we can never rid ourselves of the proximity and service of gluttony and of a certain daily contact with it. For the desire for food and for things to eat will always live in us as an inborn and natural quality."² That the ultimate root of gluttony—the desire for food to sustain life—cannot be removed makes it particularly dangerous, serving as one critic writes as, "a synecdoche for all human desire, because human need remains always in some form or another."³

What is gluttony? Gluttony has a much more expansive definition in medieval texts than it does now. It refers not only to eating and drinking too much, but to consumption between or outside mealtimes and eating too richly or too daintily. Borne of these excesses are subsidiary sins, such as for Gregory the Great: *inepta laetitia* [foolish mirth], *scurrilitas* [buffoonery], *immunditia* [uncleanness], *multiloquium* [babbling], and *hebetudo sensus circa intelligentiam* [dullness of sense in understanding].⁴

Gluttony is inextricable from the body, and, arguably, has always been medicalized. On the one hand, eating and drinking are necessary to human health; on the other, eating and drinking can be detrimental to human health. Therefore, discussion of gluttony often focuses on

defining what is healthy and unhealthy, natural and unnatural.

Explaining how best to guard against gluttony, the English Augustinian mystic Walter Hilton (d. 1396) structures the sin in terms of medicine and health. If hunger is a “sikenesse of kynde and mete is medicyn thereto,” eating cannot be a sin. However, “whanne it passith into luste and into wilful likynge, thanne it is synne.” By structuring eating as medical or non-medical, a person can determine whether he or she is fulfilling a need or committing a sin.⁵ However, as we see in *Piers Plowman*, the apparent simplicity of the similar-sounding maxim “mesure is medicine” can be deceptive. In the next two lines, the poet complicates the seemingly straightforward correspondence of spiritual and physical health as mediated through the consumption of food and drink: “it is nought al good to the goost [*spirit*] that the gut asketh,/Ne liflode [*necessities*] to the likame [*flesh*] that leef [*valuable*] is to the soule.”⁶

Further strengthening and sometimes complicating the role of medicine in accounts of gluttony in the later Middle Ages, theologians and writers were exposed to dietary texts from Greece and the Middle East, which reinforced Christian attitudes toward moderation and offered physiological arguments to support ethical ones.⁷ Medicine and religion shared many behavioral norms throughout the ancient world and the Middle Ages.⁸ Medieval medicine regulated the intake of food both in diets prescribed by doctors to treat particular ailments—diet was the first and principal form of treatment, followed by herbs and then surgery—and in the *regimen sanitatis*, which advised certain diets as preventative aids. Some writers offer general dietary advice, such as John Lydgate (d. c. 1451) in the much copied “Dietary,” while other diets were formulated specifically to fit the physiologies of their patrons.⁹ Queen Isabel’s dietary provides guidelines for keeping the various parts of the body in good health and lists behaviors that damage health. What is “yuel” for the brain includes “surfet or glotenye, drunkeschipe, late sopers” as well as too much raw garlic or dieting. Thus, the dietary not only regulates what is consumed but when consumption takes place and how much is consumed.¹⁰ The passages on each body part mention particular foods and eating habits. Both learned theology and simple pastoral texts refer to Galen and Hippocrates in reference to gluttony and appropriate dietary habits, whether as scholarly authorities or negative *exempla*.¹¹

Such regimens are not unique to late medieval Christianity. The desert monks inherited standards and guidelines regarding food and drink from learned authorities. Cassian records the desert father Moses’ discussion of how to measure quantities and determine what types of foods to consume, listing particular foods and diets: beans, vegetables and fruit, or small portions of bread. However, the text

urges the monk to judge for himself based on his particular circumstances.¹² Too much fasting is also dangerous. Having immoderately deprived himself of food and sleep, the same Moses suffers “the devil’s assaults,” and realizes that he is “more seriously endangered by repugnance for sleep and food than [he] was by the struggle against lethargy and gluttony.”¹³ Many centuries later, the compiler of a treatise on the five senses offers similar advice. Describing the sense of taste, the text advocates eating at noon for digestive purposes: “for by þat tyme after kynde þe stomake of an hool man þat reuleþ him resonably is voyded. And yf he absteine lenger it wol apeyre [damage] þe body.”¹⁴ Yet the text also affords the faithful some individual judgment: “when þou hast experience of þyself, loke what manere of diete, what manere of reule holdeþ þyn herte holyst to Iesu.”¹⁵ Although girded with physiological arguments, the text advocates a spiritual goal whose fulfillment entails individual examination as to “what maner of mete oþer drynke þat draweþ þyn herte to luste of itself, wherþurgh þe lust to God is lessed and apeyred, fle it and enchywe it, for it is nouȝt þy mete, bot þe foule lust þat hyndreþ þe soule.”¹⁶

As we shall see, both religious and medical texts emphasize the importance of a proper diet to maintain not only health but reason, which in turn enables ethical behavior. A typical pastoral indictment against gluttony is that “synful lusti fedynge of riche metis and riche drynkis ... turnen vpsodoun a mannes mynde.”¹⁷ Furthermore, over-indulgence was thought to directly affect the sinner’s reasoning power and the messenger of reason: speech. What, then, if anything, distinguished the medical and religious concepts of gluttony, or, medical and religious diets? Recurring aspects of medieval discussions of gluttony—such as the sicknesses it causes, including disturbed reason and disturbed speech—are treated in the next sections in relation to metaphoricality, metonymy, and materiality, respectively.

Metaphorical Gluttony

Gluttony’s general association with illness is fundamental to Christian theology. Some later medieval pastoral writers identify gluttony as the source of all sickness, construing the eating of the apple as an act of gluttony and bodily sickness as a punishment for original sin.¹⁸ In a fourteenth-century apocryphal life of Adam and Eve, God punishes Adam and his offspring with 62 different kinds of sicknesses for Adam’s transgression.¹⁹ Gluttony continues to plague Adam’s descendants. As Peraldus writes, “what follows as retribution for gluttony is bodily sickness, not only one but many and eventually death.”²⁰ For the diseases caused by gluttony, pastoral writers often offer the cure of abstinence, as well as temperance and sobriety.²¹

However, while encouraging fasts in accordance with the Church calendar, pastoral texts tend to urge moderate eating rather than ascetic fasting to combat gluttony, even noting the dangers of excessive fasting in places as we shall see.

Furthermore, the signs of human decay bear witness to gluttony. Gluttons outwardly project their inner pollution. As the compiler of *Memoriale Credencium* writes, “glotony makyþ corrupcioun and stynkyng in a man. for þe better þat a man eitþ: þe fouler ordur comeþ fram hym.”²² Yet, obesity and fat bodies are generally absent from discussions of gluttony. Indeed, the answer to a related question posed in the verse encyclopedia *Sidrak and Bokkus*, “whennes comeþ fatnesse and why þat a man haþ in his body?”, does not mention gluttony, dietary habits or food at all.²³ This association appears to have developed centuries later.²⁴

In addition to the foul and tainted products of excess, pastoral writers discuss the chemical form of excess food and drink, which are imagined as venom or poison. *Memoriale Credencium* warns that “dryng [*drink*] þat is y take out of mesure sprediþ venyme into al a mannus body.” As a result, “þe mouth [is] ful of tresoun and trecherye and sweryng and cursyng.”²⁵ The body digests the venom of food and drink, transforming it into the venom of vile speech. Evil speech and the tongues from whence it derives are often referred to as venomous. Venom and speech have an old association, of course, with the Garden of Eden.²⁶ As the devil’s lie to Eve is often considered the first sin of the tongue, pastoral writers allude to this linguistic fall in references to the devil’s snake-form. In a discussion of ill speakers, the English compiler of *The Book of Vices and Virtues* enjoins the faithful to “herken not þe wikked tonge ... þat is þe tonge of þe addre of helle þat þe euel spekere bereþ, þat enuenameþ hym þat hereþ hem.”²⁷

Although certain authors emphasize gluttony as the material cause of these physical effects and diseases, I will first work through the symbolic associations of disease with gluttony. Various diseases are connected with gluttony, some of which are more symbolic than others: vomiting, loup royal, quinsy, hypertension, stuttering, stupor. Gower draws loup royal from medicine—“it uses up medicines and in the end cannot be cured”—for a symbolic comparison with gluttons’ insatiability and waste of various foods.²⁸ Yet in the same passage, Gower also lists the material implications of gluttony: painful indigestion, diminished reason and judgment, gout, and various orifices overflowing with filth.²⁹

Elsewhere, fever serves as a metaphor for gluttony. In *Book to a Mother*, the author explains how God serves the gluttonous with a “bodily feure” corresponding to their “gostliche feure,” and describes gluttons as “distempered, louinge ouer muche worldli

binges.”³⁰ However symbolic the correspondence, the physical heat induced by “ouer muche hete of mete or drinke” is physiologically consistent.

One of the simplest symptoms of gluttony—vomiting—is also a common metaphor for confession in the later Middle Ages.³¹ Medieval medical authorities teach that what is superfluous to the nutrition of the body is cast out as excrement or air. Pastoral writers thus measure the sinfulness of unrestrained and improper diet by the quantity and quality of that which is cast. In his *De Miseria Conditionis Humane*, Pope Innocent III details the foul products of gluttony: “what goes in vilely comes out vilely, expelling a horrible wind above and below, and emitting an abominable sound.”³² However, vomiting can also be induced to purge the excesses of the body, just as confession can purge the excesses of the soul.³³ Thus the excesses of gluttony are symbolically linked with the act of confession.

Metonymic Gluttony

Aquinas considers gluttony “inordinate concupiscence.” Concupiscence is a particular passion, a “craving for that which is pleasant,” which like the other passions is ethically neutral in itself.³⁴ There are two objects of pleasure: intelligible, which pleases reason, and sensible, which pleases the senses. Aquinas further delineates two types of sensible concupiscence. Shared by animals and humans, natural concupiscence fuels the desire for food, drink, and that which sustains life. Only humans experience non-natural concupiscence, seeking pleasure “beyond that which nature requires.”³⁵

Unnatural concupiscence transcends and even dulls reason on account of the “fumes of food disturbing the brain.”³⁶ Yet even more perilous is the role of pleasure in consumption. Sensible pleasure may impede reason in three ways: by distracting reason, by opposing reason, and by fettering reason “in so far as a bodily pleasure is followed by a certain alteration in the body, greater even than in the other passions.”³⁷ The paradigmatic example is the drunkard.

Nature’s insistent prompting of the desire for food to sustain life makes gluttony a complex case study of the role of nature in sin and the excuses made for sin. The compiler of *Fasciculus Morum* illustrates the role of reason and free will with an *exemplum* of a blind man and his good guide. When the blind man becomes hungry, he asks his guide to find a place for them to eat. However, the guide replies that it is not yet time to eat and it would slow them down to leave the road just then. Furthermore, the road is uneven and the blind man might hurt himself. Refusing to listen, the blind man stumbles and almost breaks his neck to find an eating place, where he is offered delicious but raw and unhealthy food. The guide warns him against eating it,

yet the blind man indulges and falls ill. In the *exemplum*, the compiler explains, the blind man “who has no understanding except by way of his intellectual faculty” represents the appetites. The guide represents reason, urging the soul on the path to heaven. If the hungry will distracts reason, wasting its time in searching for food, then “our will stumbles like the blind man when his guide is absent.” ³⁸

Nevertheless, many sinners obviously used nature as an excuse as evidenced by the persistent pastoral condemnations of nature and self-preservation as excuses for sin, some of which we saw in Chap. 2. For example, Alexander of Carpenter complains that the gluttonous explain their sins in terms of their cold natures. On hearing the same excuse, the compiler of *Fasciculus Morum* responds as follows: “of course I want you to eat and drink but be sure that your need for food is as great as you make it out to be; for while it is true that you cannot go without food, you certainly can live—and even better—if you do not eat more than necessary.” Reason rather than the stomach’s desires should direct consumption. ³⁹

Material Gluttony

We recall Aquinas’ “fumes” that disturb the brain. How exactly does this work physiologically? How do fumes from food disturb the brain? Is Aquinas being poetic? Aquinas’ description is not singular; many similar images can be found in pastoral materials. After citing a conventional biblical idea in which gluttons make their bellies into gods, William Peraldus continues the metaphor: “out of this temple (the stomach), one makes a kitchen, which is so stuffed with food and drink that the natural heat does not suffice to digest these things, but by reason of fresh or damp firewood, a smoke is produced which renders man dull and drowsy.” ⁴⁰

Such descriptions are medically consistent. From the mouth, food and drink pass to the “furneis of the stomach,” where they are digested, cooked down. ⁴¹ In its role of cook, the stomach plays a critical role in the health of the body. When everything works properly, the stomach’s reduction is passed to the liver where it is converted into blood and distributed throughout the body. At each stage of digestion, the superfluous by-products are purged from the body through sweat, farts, urine, and so on. These processes of input and output are integral to the body’s health. However, digestive trouble arises when the body takes in too much food and drink. Excess causes the stomach to work too hard, generating more steam than it can contain. The English encyclopedist Bartholomaeus Anglicus explains that this “malicious smoke” rises to the brain, where it causes a variety of diseases and aberrations, some of which prove detrimental to reason and speech: “he disturbip þe substaunce and þe vse of

resoun, and ryueþ [constricts] and apeireþ [impairs] þe tongue at tellip what resoun menep, and makeþ þe tonge stamere and faille, as it is iseye in dronke men.”⁴² Such is the smoke that Peraldus references in his description of gluttony, and such is the smoke that attacks Baltazar’s reason in the verse homily *Cleanness*: “So faste þay weged to him wyne hit warmed his hert/And breybed vppe into his brayn and blemyst his mynde,/and Al wakyned his wyt, and welneze he foles.”⁴³ The same excess moisture that causes uncontrolled speech also returns to the stomach and bowels, causing diarrhea and various other ailments.

In another passage on the illness of the tongue, Bartholomaeus constructs a system of relationships based on linguistic and digestive processes: “somtyme it happiþ þat þe tonge buffeþ [stutters] and stamereþ by to moch moisture, whene þe strengis of þe tonge may not strecche in þe vttr parties þerof for to moche moisture.” Such a speech defect is apparent in “drunken men þat stamereþ whanne þey ben [to] moche in moisture in þe brayn.” This excess moisture also causes the condition of “ratelinge” [stuttering], causing people to mispronounce certain letters. The same moisture that causes verbal indigestion “comeþ to þe stomak and makeþ ofte þe bowels slider and brediþ *diariam*, þat is þe flux of þe wombe.”⁴⁴ Having been ingested through the mouth, food and drink pass to the stomach for digestion. However, surfeit causes smoke to rise to the brain, which in turn affects the product excreted: speech. As this passage illustrates, excess food and drink alter the shape and sound of utterance. Bartholomaeus relates this affected speech, or *ratelinge*, to another digestive process caused by the same excess water, which mixed with food and drink causes diarrhoea. Galenic medicine teaches that children and guttons suffer from *balbus*. Where gluttons create excess moisture from their dietary habits, children have excess moisture by nature. This weakens the brain, muscles, and nerves, causing imperfect speech and diarrhea.⁴⁵

Excess consumption and the resulting improper indigestion harm the body in yet another manner. Any residue left in the stomach and liver after digestion becomes putrefied, corrupting the blood and causing fever and other injury. If it passes from the stomach to the liver “not parfitly digested,” “there may he not han his kynde dwellyng, ne re[ceyyn] his kynde deoctioun and digestioun, ne han his kynde chawnging and turnyng into parfit b[l]ode.” Instead, it “turnith into matere [of] corrupcioun, whiche is cause of diuerse sekenesses and maladyis and passiowns in man.”⁴⁶ Among these ailments are scrophula, lupus, and various other outgrowths of the pores. The surgeon Guy de Chauliac names “glotonye and malice of gouerance” as causes of these outgrowths.⁴⁷

Clearly, some of these medical ideas about digestion and speech may have influenced pastoral writing. As we have seen, pastoral writing on gluttony emphasizes the general detrimental effects of gluttony on the body and the mind. Richard Lavynham's fourteenth-century *Litil Tretys on the Seven Deadly Sins* relates gluttony more specifically to the break-down of healthy digestion: "surfet of metis wastyth & rotyth a mannys body & pryuyth it with long seknesse & afterward bringith it to a foul deth' in part because he 'may not browke [digest] it with hele."⁴⁸ The compiler of *Jacob's Well* combines bad diet, indigestion, and illness in a dynamic image. He describes swearing and perjury as "a pot sethyng ouer þe fyir boyleth out in swiche lycour as in þer-in; So, synfull lyuerys full of lycour of lustys boylen suche synfull othes & forswerynges as arn norysched wyth-inne here synne."⁴⁹ In the images of cooking and boiling, the writer conjures medical descriptions of digestive concoction and expulsion. Instead of expelling the harmful "lycour," the glutton re-ingests his undigested words.

Pastoral writers depict the effects of gluttony in terms of venom that spreads in the body's blood through digestion and produces venomous speech. Just as surgical writers conceive of speech in terms of the body's health, so pastoral writers use medical imagery to describe the effects of bad diet and bad speech on the soul. Urging priests to speak well, John Mirk states that "rybawdy and vice ys poyson to a praystys mowth an atture, for hit poysynnyth his one sowle, and envenomyth opir þat heryn hym."⁵⁰ This poison is the result of a digestive system overworked by a surfeit of food and drink. Conversely, wholesome speech eases the digestive tract. The author of *Jacob's Well* urges his listeners to ingest "þe tryacle of my techyng in-to þe stomak of zoure soule."⁵¹ He offers this "tryacle" as an alternative to the devil's "crewettys," which are full of "enpoysoun."

Furthermore, gluttony was associated with phlegmatics in both medical and pastoral texts. *The Book of Vices and Virtues* warns that the devil tempts the "flewmatike of glotonye and slowþe."⁵² The natural coldness of the phlegmatic leads them to seek warmth in the digestion of food and drink. Indeed, due to gluttony's inextricability from the body, some theologians ask whether it is a vice at all.

To this end, Robert Rypon distinguishes between natural and unnatural gluttony. Providing a physiological explanation for why infants and children are naturally "lazy and gluttonous," Rypon writes that the natural moistness of children causes them to consume more food to restore their humoral balance. The association of this particular physiological complexion with gluttony is medically consistent. Describing the growths mentioned above, Guy de Chauliac notes that "children, for glotonye and þennes of body, þei fallen ofte

into scrophulus, and olde men ful selden, for þe contrarie.”⁵³ However, while children are susceptible to gluttony due to their nature and complexion, Rypon explains that others commit gluttony for reasons other than their complexions. “These eat and drink not to restore their natural heat but rather to mitigate their unnatural heat” prompted by their excess.

Gluttony also appears in astronomical texts. In a treatise found in Shrewsbury School MS 3, the seven sins are aligned with seven planets. Although the author claims to only “spiritually” compare the moon to the sin of gluttony, the imagery used reflects a material understanding of the impact of excess food and drink. First citing Albumasar on the moon as the cause of the ebbing and flowing of the sea, the compiler develops the image as follows: “this see is manys bodye, which ebbeth and wasteth by natural euacuacion, and floweth by nutritiff recreacion vnmesurable ebriositie and dyuers excesse of delicate meites and drinckes, by the whiche the litill poore ship, the soul.”⁵⁴ As we have seen, medical writers explain how the brain and stomach drown in the excess steam produced by the overworked digestive system.

How was gluttony to be cured? Many pastoral texts recommend temperance or abstinence as remedies. The compiler of *Summa Virtutum de Remediis Anime* draws on medical authority in prescribing abstinence as a remedy for gluttony. “Abstinence in general is the restraint of all illicit impulses, just as Galen says that abstinence is medicine for all diseases that come from excess.”⁵⁵ The compiler goes on to cite Boethius on the perfection of nature, which provides enough natural heat to “burn and digest” the correct amount of food; yet does not relate these medical details to his earlier claim that abstinence for medical purposes is not virtuous that we saw in reference to pride.⁵⁶ Medicine and medical knowledge thus provide an instructive tool to recognize but not to achieve right living.

Yet further complicating matters, abstinence was both a medical and a spiritual cure. Elaborating on the *Christus medicus*, the author of one thirteenth-century confessional manual from Exeter explains that Christ “gives us relief from our pain through contrition, and through confession we receive a purgative; he recommends a healthful diet through our keeping of fasts.”⁵⁷ While the purgative of confession was spiritual, as discussed above, fasting was a material and integral part of the Church year.

Fasting was both curative and preventative. Priests assigned fasts of bread and water as penance for various sins. The faithful fasted—that is, refrained from consuming meat, eggs, and dairy—during Lent, in preparation for Easter, and at several other times during the year. Explanations of these fasts in pastoral literature often exhibit a

language and structure reminiscent of medical writing. *Speculum Sacerdotale* outlines a quarterly programme of fasting: in order to “refreyne these fowre humours fro synnyng ... we faste fowre tymes in the yere.”⁵⁸ In spring, which is moist and warm, the faithful fast to restrict blood; in summer, which is hot and dry, they fast to restrict choler; in autumn, which is cold and dry, they fast to restrict melancholia; and in winter, which is cold and moist, they fast to restrict phlegm.⁵⁹ In his popular sermon cycle, John Mirk recommends fasting in particular seasons to quell particular “humerus” and their related sins.⁶⁰ However, the text recommends fasting to “clensyth a mannus flesse of euel stering and luste to synne of glotonye and of letcherye, for þese ben synnes of flesse.”⁶¹ Against other sins, Mirk prescribes prayers and alms.

However, gluttons were also liable to use medical grounds to excuse themselves from fasting. As the devotional text *Book for a Simple and Devout Woman* warns, gluttons use symptoms of their own making to get out of their duties: “þe gloton seiþe: ‘I may nat faste ne no penaunce do, for myn hede is so feble þat hit al-to-brekeþ if I faste a day.’ ... þorw his vuel costome so he hit hap made.”⁶² However, there are some reasonable grounds for excusing oneself from fasting. As the author of *Quattuor Sermones* explains, five groups of people may legitimately be excused: pregnant women, laborers, pilgrims, children, and “olde folke and seeke.”⁶³ None of these people sin “to ete twys on the day that is mesurable to susteyne nature and not theyr appetyte.”⁶⁴

Compared with the other sins, gluttony elicits more comparisons between earthly and spiritual medicine, because diet and digestive health are considered the foundation of medical cures. Through the products of digestion, particularly urine, physicians measured the body’s health; and through diet, they regulated the humors. Langland’s *Hunger* goes so far as to claim that if men were to “diete” properly, doctors would have to pawn their “furred hodes” and “lerne to laboure with lond [lest] lifelod [hym faille].”⁶⁵ Rather than condemning or competing with earthly medicine, pastoral texts expand the significance of health and medicine to a wider context, as a social and moral good. We recall Chaucer’s Parson and other pastoral warnings against dieting for the health of the body alone.⁶⁶

Furthermore, some theologians warn that abstinence not performed voluntarily or performed for non-spiritual reasons is not holy. Such cases include fasting due to illness, poverty, or avarice.⁶⁷ Likewise, abstinence performed only on the grounds of health may be physically dangerous, according to some pastoral writers. Unsurprisingly, in *Book for a Devout and Simple Woman*, also based on Peraldus, the compiler offers similar warnings. “Þei þat leden hure lif

by fysike, þei kepe mesure as Ypocras hem techþ. Þei etþ litel and drynkeþ lasse and outrage wiþdraweþ from þe flesh þat þe flesh 3erneþ for couetise of bodiliche hele.” Therefore, striving for health becomes its own sin, which counter-intuitively destroys the body: “suche men beþ comenliche lene and pale; bot noþer for þe loue of God ne for hure soule hele suche men holdeþ mesure and outrage forberen.” ⁶⁸

So where does that leave the practice of modifying diet to improve behavior, specifically by repressing gluttony? Pastoral texts are chock-full of affirmations of the value of abstinence, persuading the faithful of both spiritual and physiological benefits: in addition to cleansing the soul, preserving the mind, assuaging sin, destroying lechery, abstinence “sharpyth thy witte ... dressyth thy sight ... makyth strong thy blood, norisshyth thy mary ... renewyth thy blood, and lengthyth thyn age.” ⁶⁹ Furthermore, nature encourages abstinence. Citing Galen and familiar medical processes, Peraldus writes that the body has just enough natural heat to digest moderate amounts of food. ⁷⁰ Peraldus claims that nature discourages people from excessive eating and drinking. For example, humans have tightly drawn mouths, unlike other animals. ⁷¹ Yet despite these natural cautions, gluttons deliberately trick their bodies to allow them to consume more than nature advises. Although their thirst is satisfied, “þey woll ete salt colopes [*meat*] y fryed in a panne or mony perched peses [*roasted peas*] or els they wolt salt here bred to make hit sauery.” ⁷²

However, as we have seen elsewhere, immoderate fasting is a sin in its own right. The desert fathers warned against excessive fasting as deleterious to body and spirit: “immoderate fasting is capable of not only destroying the steadfastness of the mind but also, due to bodily weariness, of emasculating the efficacy of prayer.” ⁷³ Yet immoderate fasting also incorporates inappropriate or misdirected fasting. *Jacob’s Well* actually condemns fasting out of hypocrisy or avarice or for “lechys fyskyk”—as a form of gluttony. ⁷⁴ Medical texts also warn against immoderate fasting. *De Proprietatibus Rerum* warns that “þe same cause of stoffinge is in hem þat eteþ and drinkeþ ouer mesure. And þe same resoun of failinge is in hem þat fastiþ ouer myȝt, and beþ spendid and iwastid.” ⁷⁵

Indeed, in the late fourteenth-century *Chastising of God’s Children*, moderation and simplicity, rather than abstinence, are the remedies recommended for gluttony. ⁷⁶ Rather than abstinence, food that is consumed in moderate quantities and well-digested “makip a man hoole in bodi and sharpiþ a mans wittis, and makip hym wele disposed to serue god,” whereas excess enfeebles and dulls the brain, engendering sickness, hastening death, and making the sufferer akin to a beast devoid of reason. Avoiding “curiouse and delicate metis and

drinkis” also remedies “pis passion” of gluttony. ⁷⁷

The compiler of *Chasting* rounds off his passage on gluttony with the following warning: “for þe lasse we stryue þerwip, þe strengger it wil be: and þe lasse it is ouercome, þe strengger al oþer vices bien astens us.” ⁷⁸ Although accounts of the concatenation of the sins—one leading ineluctably to the next—were generally inconsistent among theologians if not completely absent, gluttony was exceptional in this regard. Most writers made firm causal links between gluttony and lust and gluttony and sloth, if between gluttony and the other sins.

In particular, many religious writers claim that gluttony directly causes lust. The author of a long early fifteenth-century treatise on the Ten Commandments, *Dives and Pauper*, condemns gluttony using the Sixth Commandment, and urges the faithful to avoid gluttony in order to remedy lust. ⁷⁹ One sermon provides a medical reason for this association: “for when a man is dronken or full of mete and lyethe warme in his bedd then rysythe lechery thorouȝ the foule vnkyndly hete that rysythe in his flesche.” However, even then, physiology is but a handmaid, for after the body’s heat rises, “then is the deuyll redy to brynge hym ther too.” ⁸⁰

As in our own day, gluttony in the later Middle Ages was thought to be a distinctively contemporary problem. Although assertions of the decline of the age were common, gluttony was particularly associated with the vices of the age, along with lechery and pride. Caxton’s *Mirror* explicitly links the rise of gluttony with the decline of asceticism and the strict regimens of the desert fathers. Caxton’s contemporaries “fylle their paunche with good wyne and good vitailles,” but the “auncyent faders gouerned them not in this wyse.” Rather, they ingested food and drink only to “susteyn their bodyes and to holde hem in helth in such wyse as they might helpe them self by their wittes.” ⁸¹

Some homilists gesture to an even earlier time: “at the begynnynge of the worlde mannys fode was bot brede and water, and now sufficeth nouȝt to glotenye alle the fruytes of treene, of alle rotes, of alle herbes, of alle bestes, and of alle foules, of alle fysches of the see.” ⁸² Such descriptions resonate with the Edenic landscape and prefigure the Fall, which is as much as about quantity as curiosity; the homilist lists various types of wines and the fashion that “metys schul be y-sode with grete busynes and with craft of cokys.” ⁸³ Such “busynes and “craft” are “more for lykyng of mannys body than for susteynaunce of mannys kyynde: ffor the kynde of man is lytel therwth amendyd.” ⁸⁴

Gluttony’s relationship to the body and its physiology were pressing problems throughout the Middle Ages. Yet with the circulation of dietary knowledge, the motivations for particular

dietary choices and behavior—whether the faithful diet for God or for Galen, to dampen gluttony or promote their own health—become increasingly significant.

Notes

9. Lechery

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Like gluttony, *luxuria* or lechery was always to some extent medicalized by medieval religious writers. Early theorists of lechery understood the natural desire for self-preservation in terms of sexual acts as well as health in the purging of desire. As we have seen, medieval theologians and moralists disagree about the relationship between physical or medical changes and lechery. In *City of God*, Augustine argues that physical changes cannot conquer lust, and that the claim—that fasting can suppress lechery—is probably a sign of pride. ¹

However, plenty of other texts, from Cassian's fifth-century *Conferences* to the fourteenth-century *Fasciculus Morum*, recommend particular physical acts to reduce temptation: "no lust burns too hot that it cannot be stilled by withdrawing unnecessary food and drink, according to the words of Proverbs 26: 'When the food fails, the fire will go out.'" ² Some specific suggestions include drinking less water, avoiding strong, spiced wines, and pouring water over oneself. The medical arguments for these prescriptions are addressed a little later.

Ockham takes on these medical suggestions for continence, arguing that people cannot be deemed virtuous for following medical advice. People can only be judged on their rational choices, not on the natural or artificially induced inclinations of their bodies. ³ In *Quodlibetal Questions*, Ockham notes that physicians can "weaken concupiscence and in this way dispose people toward chaste acts" by cooling the body. Likewise, actions that heat the body can incline a person to lust.

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In the Middle Ages, lechery consumes much intellectual thought from the desert fathers and patristic writers, with extended discussion of the culpability for nocturnal emissions and the medical need to cleanse the body of excess sperm. However, lechery joins gluttony as the last or penultimate sin of the flesh in the Gregorian order and

most other orderings found in late medieval texts. As for the significance of lechery in texts produced in the later Middle Ages, many scholars have noted writers' almost prurient interest in cataloguing possible lecherous sins.⁵ Yet pastoral writers were also attuned to the perils inherent in learning about the details of sins. Under the heading of the "hows" of sin, one manual advises priests to enquire into "scurrilous inventions and many improper practices, even between married couples, which it is disgusting to mention or describe." If the priest suspects such practices, he should ask about them while taking care not to implant any ideas that were not there before confession.⁶ The detailed taxonomies of and proscriptions against lecherous activities suggest a gap between theory and praxis. Included among the heretical propositions condemned in 1277 is the proposition that fornication is not a sin.⁷

To lechery, Gregory attributes *caecitas mentis* [blindness of mind], *inconsideratio* [thoughtlessness], *inconstantia* [inconstancy], *praecipitatio* [rashness], *amor sui* [self-love], *odium Dei* [hatred of God], *affectus praesentis saeculi* [love of this world], and *horror uel desperatio futuri* [abhorrence or despair of the afterlife].⁸ Yet the late medieval *Fasciculus Morum* lists fornication, violating a virgin, adultery, incest, and sodomy as species of lechery. Like greed and as these two lists suggest, lust can be a capacious term, referring to excess desires of many kinds. I limit myself here to discussion of sexual desires, thoughts, and actions.

Metaphorical Lechery

No doubt owing to lechery's association with the flesh, many of its metaphorical associations suggest symptoms of decomposing and deteriorating flesh. For example, in "Templum domini," "Lichery I likkyn wille/Un to þe flix & flesch stynkyngne."⁹ "A Treatise of Ghostly Battle" aligns the sin with other bodily functions occurring in the anatomical regions of lechery, for example, "menysone [*dysentery* or *menstruation*] or in the flyxe [*diarrhea*]."¹⁰

The rottenness of the flesh recalls leprosy, as John Gower enumerates along with other symptoms in *Mirror of Man*: "leprosy makes an abominable blemish in the rotten flesh of man; likewise lechery that is incurable makes a more grievous blemish, which will never be cured, in the soul."¹¹ Furthermore, "leprosy is so virulent that it corrupts the air altogether with all the wind that blows by its side, and in this respect stands for Lechery," drawing on medieval ideas of contagion, as dependent upon air. Finally, leprosy "will naturally cause man to have a foul breath. Lechery also, wherever she goes, stinks in filth more vile than anyone can say."¹² While the material relevance of lechery and leprosy is debated in histories of

medicine, lechery has a clear and persistent metaphorical association with leprosy and its symptoms. ¹³

Metonymic Lechery

Having already discussed views on natural concupiscence and pleasure in the chapters on avarice and gluttony, I focus in this section on the role of pleasure in sexual desire and its potential for sinfulness.

Pleasure in sex was not in itself bad, according to many theologians. In *De Animalibus*, Albertus Magnus explains that pleasure is necessary for procreation and the survival of species. Otherwise, given the hardships of labor and parenting, many species would perish. ¹⁴

Furthermore, theologians wrestled with the idea of whether conception could take place at all without pleasure. The relationship between pregnancy and pleasure and thus, of course, consent, had a critical implication for the cultural conception of rape, which has surfaced again in recent years. ¹⁵ However, the role of pleasure in conception was debated, as was the extent to which the will could control the body's pleasurable sensations. ¹⁶ According to certain medical theories, both parents needed to experience pleasure to ensure conception, drawing on the "two seed" theory of conception; and both parties needed to experience pleasure in order to ejaculate seed. ¹⁷ Yet as scholars have shown, theologians and medical writers were not in agreement about the complicity of pregnant rape victims. ¹⁸

However, many theologians and other religious writers speculate that procreation without desire is the pre-lapsarian ideal. Owing to the unity of sensual appetite and intellect, pre-lapsarian people experienced only those passions directed toward good, such as joy and love, not those directed toward bad, such as fear or sorrow. Nor did they desire that which they did not possess; that is, they did not experience lust. ¹⁹ Bridget of Sweden writes that pre-lapsarian conception occurs by "Goddess charite and loue ... and menginge togidir of kinds ... þe blode of charite suld haue bene fructuose and growen in þe womens wombe withoute ani foule luste." Charity facilitated birth rather than the "lusti comoning of flesh," obviating the need for sexual desire or pleasure. ²⁰

Given the pleasure of sex in facilitating procreation, lechery—much like gluttony—is generally treated with a fair amount of lenience in terms of veniality. The boundary between venial lechery and deadly lechery is similar to that between passion and sin. For example, explaining lechery under the Sixth Commandment, *The Book of Vices and Virtues* states that all branches of lechery, specifically those resulting from "meuynges of þe flesche," are not "dedly," as "a man may not al wipstonde" them. Yet the faithful can resist such

stirrings by avoiding overindulging in food and drink or dwelling on the stirrings themselves. ²¹

Material Lechery

In humoral terms, lechery relates to *sanguis*, or blood. In Rypon's sermon on the material bases of the sins, the hot and moist sanguine complexion disposes one to lust and naturally characterizes the "third age," or adolescence (14–28 years old). As he explains, "heat is naturally in continuous motion and especially with its contrary, and therefore heat when it is dominant agitates moistness or the humors of the body and provokes them to lust." ²² However, these natural, physiological inclinations are "not thought to be shameful" but rather how people "provoke themselves willingly and with deliberate intention." Rypon's sermon coheres with the medical consensus that as the body cooled with age, so did lust and the possibilities of its release. Bartholomaeus Anglicus, in fact, lists this as one of the few benefits of old age, among a host of medical, social, and psychological miseries. Age "makeþ end of lust, and brekeþ of fleischelich likinge."

²³ Lust is a young person's sin.

Lust is also a hot person's sin. *The Book of Vices and Virtues* warns the faithful that the devil assaults "þe sanguyn of iolite and lecherie," and Gower's *Mirror de l'Omme* warns the sanguineous of the temptations of "luxure." ²⁴

The intersection of medical and physiological motivations with sin and culpability finds poignant expression in a thirteenth-century confessional manual attributed to Robert Grosseteste. Detailing the senses and the possibilities of sin that arise therefrom, the speaker focuses on sexual desire. However, this desire is more voyeuristic than active, deriving from vision—either watching animals copulate or looking at women. As a result, the confessant incurs "titillacionem carnis" [*titillation of the flesh*] accompanied by physiological changes, occasionally "calefactionem" [*warming*] and "fragilitatem" [*seminal emission*]. ²⁵ Yet the confessant does not take moral credit when he fails to emit seed, because he is "frigide sum nature" [*cold by nature*]. ²⁶ This coldness may suggest that the speaker is old or simply colder than his peers. Regardless, this brief passage reveals the personal negotiation of medical factors in moral matters. ²⁷

One particularly contested aspect of the relationship between lechery, the will and medicine was nocturnal emission. The sinfulness of nocturnal emission had been debated and discussed since the days of the desert fathers. Cassian devotes an entire conference to the subject. After advocating fasting to prevent emission, he proposes three causes of nocturnal pollution: gluttony, carelessness, and the devil. Under the first heading, Cassian describes nocturnal emission as

something that, like food, is necessary for health when occurring in moderation. It was thought to be medically necessary to release the accumulation of excess food through emission.

In the later Middle Ages, Thomas of Chobham writes that nocturnal emission need not necessarily be sinful unless filth has struck the imagination. On the contrary, it is necessary to remove excess humoral build-up.²⁸ Furthermore, Thomas cites doctors' claim that the emission of seed can be a medical condition, a symptom of disease rather than lust. However, the production of emissions can still be a sin. While Aquinas argues that people cannot possibly control their reason when asleep, Thomas of Chobham notes that nocturnal emissions are venial sins if they occur as a result of excess food or drink. However, when thought is involved, the mind moving the body, emission constitutes a graver sin.²⁹

The debate over nocturnal emission represents one facet of the intricate relationship between lechery and the material body. Given the recognized intertwining of lechery with the body's physiology, there is some theological dispute about the sinfulness of lechery and the virtue of chastity. William Ockham, for example, notes that physicians can weaken concupiscence in their patients, thus disposing them to be chaste. We recall the earlier discussion of complexion as a circumstance mitigating sin on the one hand and a false excuse made by sinners on the other. This kind of tension is particularly evident in the case of lechery. In his *Summa Praedicatorum*, John Bromyard describes the particular sticky moral quandary of lechery. He shows how the lecherous might excuse themselves to the priest in confession by arguing that lechery is natural and ask "why did God will to make nature in this way if that which nature demands may be sin?" Yet other sinners make more personal excuses, claiming "that they cannot live chastely on account of the make-up and condition of their nature."³⁰ Like Peraldus, Alexander Carpenter writes that it is blasphemy to excuse lechery on medical grounds, for this is tantamount to a claim that God commands impossible behavior.³¹

The compiler of *Book to a Mother* expresses suspicion about arguments related to complexion and the impossibility of chastity made by those who "seien þei ben so hote and so stronge of complexioun þat þei mowe not liue chast" yet "zif men bidden hem do penaunce to refreine her lustes and so serue God, þanne þei seien þei ben so febele and so tender of complexioun þat þer hede wolde ake, and þei schulde destruye himself." Whereas the first type of complexion (hot), predisposing a sinner to lust, suggests sanguineous, the second (feeble and tender) suggests that the sinner is phlegmatic. Thus, physiology is a shifting convenience that the sinner can tailor to demands.³²

Lechery also occurs significantly in writings on pestilence—both plague and leprosy. As we have seen in regard to the hot complexion, lechery and lecherous behavior were often associated with plague. This is not to say that plague was thought to be contagious in the same sense as venereal disease. Rather, sex made the body hot and opened the pores, leaving it vulnerable to corrupt air. The same could be said of other activities such as bathing and excessive eating and drinking. Thus, there is a human responsibility. As John of Bordeaux writes in his treatise, “for the defect of good rule and diet in meat and drink, men fall often into this sickness. Therefore when the pestilence reigns in the country, a man that will be kept from this evil behooves himself to keep from all excess in meat and drink ... for all this opens the pores of the body and makes venom enter ... and especially lechery, for that enfeebles his nature.”³³ The relationship between behavior and health is apparent in John Lydgate’s verse “Dietary for Pestilence,” in which he gives general advice on manners as well as accepted methods for preventing plague. Therefore, advice such as not to be too gullible is listed with warnings against consuming excess food and drink.³⁴

Although the metaphorical associations of leprosy and lechery are clear, there has been disagreement among scholars about the material relationship between the sin and the disease. Luke DeMaitre reads against leprosy’s association with increased sex drive.³⁵ Indeed, some scholars have argued that leprosy becomes increasingly associated with lechery after the outbreak of syphilis, and likely reflected a diagnostic confusion.³⁶ However, medical texts depict certain causal links between particular sexual acts and leprosy, namely sex with prostitutes, sex with menstruating women, and excessive sexual activity.³⁷

Furthermore, there is a clear pastoral theme that diseases, including leprosy, are transmitted to children conceived from lecherous acts. Thomas of Chobham correlates abortion with having sex with pregnant women, as well as linking the conception of leprous children with sex during menstruation in his *Summa Confessorum*.³⁸ A common belief was that a child conceived when a woman was menstruating, but perhaps also pregnant or breastfeeding, would be born leprous. Robert of Flamborough, in his early thirteenth-century penitential, claims that a child conceived during menstruation, pregnancy, or breastfeeding would suffer from leprosy, elephantiasis, or severe deformities.³⁹ Robert even deems sex with a menstruating woman to be a mortal sin.⁴⁰ As Irina Metzler notes, all of these periods are “naturally contraceptive.” Thus the priest uses fear of illness and deformity to discourage immoral acts that would not result in children anyway.⁴¹ Pastoral works designed for lay audiences also

list such potential deformities. *A Myrour to Lewde Men and Wymmen* threatens that children conceived during menstruation shall be “mesells, maimed, vnschapliche, witles, croked, blynde, lame, downbe, deef, and of many mescheues.” ⁴²

Other pastoral texts warn against a general weakness and lack of faith passed on to children conceived in lecherous unions. Richard Lavynham’s treatise on the seven deadly sins recounts a French prophecy stating that the English will be punished on the battlefield for their lechery. Those who “breke þe knotte of wedlock & folwe hordom & lechery” conceive children who “schal not be streng in batayle ne stable in þe faith of holy churche.” ⁴³ Likewise, the author of *Dives and Pauper* writes of the urgent threat that lechery poses to the future of England. As opposed to the lesser offenders in France and Italy, the English imperil the destiny of their children. The text warns of those born in lechery that “þei schul ben wode in lechery & alwey þe peple schal comyn to wars & wrase & at þe laste ben unable to batalye, vnstable in þe feith and withoutyn worchepe & nout louyd of God ne of man,” meeting a similar fate to that of unspecified heathen nations. ⁴⁴

Finally, medieval thought deemed excessive sex or emission of seed generally detrimental to the body’s health. Albertus Magnus, for example, writes, “excess copulation depletes the fluid and leads to premature death” and premature aging; “for it is possible for man to copulate so frequently that nature can no longer produce any semen and he discharges blood instead.” Furthermore, “eunuchs sometimes live longer than non-castrated men. Excessive emission of sperm particularly weakens the brain and its neighboring organs.” ⁴⁵

Rypon prescribes the same “remedy in nature” against lechery as recommended in many other pastoral and medical texts: coldness. ⁴⁶ Yet Rypon offers what initially appear to be metaphorical sources of coldness: “if the flesh is too haughty and the humors overflow too much, let them be compressed by the coldness of abstinence, by fasting vigils and other works of penance.” However, he draws from material medicine in formulating this remedy: “medicine teaches the remedy against a rheum in the head: fasting, vigils, thirsts.” Medical texts indeed teach that rheums, or catarrhs, are hot and thus cured by cold herbs, such as the berries of the laurel tree.

Pastoral texts often prescribe fasting and special diets to quell lust. *Quattuor Sermones*, for example, suggests that against this sin the faithful “vse also prayer, fastyng, good and lawful ocupacions and withdrawe the fro superfluytees and excesse of hoote metis and drynkys.” ⁴⁷ Writers often treat lechery uniquely in terms of offering practical advice. For example, amid a complex array of bodily metaphors for the other sins, the author of the mystical text *Chastising*

of God's Children offers fairly material explanations of cures for lechery:

to distrie vtirli þat vice fastyng is needeful. Also a principal remedie and a nedeful is to eche man and womman to fle þe occasion þat is cause of þis passion ... sum tyme þis passion comeþ of grete troublunge of þouztis, bi temptacion of þe fiende, and sum tyme bi disposicion of a man or womman, þouȝ he be fieble of complexion, or ellis for peyne to hym for his synnes done bifore, whiche roote of synne is nat fulli distried by satisfaccion ⁴⁸

Although the flesh may be weak and physiologically disposed to lechery, it can be directed through certain behaviors.

As for the physiological constraints of lechery, the sin demands a particular attention to gender and sexuality. All sins are gendered to some extent in the sense that dispositions are affected by humors, with particular examples provided in our discussion of pride and sloth. Yet despite their physiological disposition toward sin in general, women are overwhelmingly associated with lechery. Although the seat of lechery in the sanguine humor is consistent, its common coupling with women demands exploration. Although the hot masculine complexion of the sanguineous would suggest sexual sins, women receive by far the more blame for lechery. This has both theological and medical origins. Despite equal blame accorded to Adam in the Bible, late medieval writers tended to hold Eve more culpable. She came to represent lust and the dangers of the flesh that tempted Adam to abandon his reason. All women were to some extent daughters of Eve and threatened men with similar pulls to the flesh. A useful example is afforded in one study of the *exempla*, or illustrative stories, in an important medieval collection of sermon materials—John Bromyard's *Summa Praedicatorum*, which shows that only 14 percent of the 1300 *exempla* included women. However, women feature in more than half of the tales concerning lust. ⁴⁹

Moralists explained female lust in terms of complexional imperfection. This might seem at first to contradict the complexional theories mentioned above. How could a colder and moister nature feel a more burning desire? Moralists explained this by way of analogy. Vincent of Beauvais writes that damp wood takes a long time to catch fire but then burns for longer than dry wood. ⁵⁰ Additionally, feminine coldness was also thought to yearn for its opposite: hot sperm.

Furthermore, thinkers explained that women were more drawn to sex because they enjoyed sex more than men, owing to their twofold pleasure. Women both expelled and received seed (the typical medieval belief being that both men and women had sperm), whereas men simply expelled seed. Not only were women lustful but they were

inconstant in their lust due to their mutable complexion, which leads to a desire for novelty and change. Albertus Magnus sums up the scholastic explanation for the alleged inconstancy and fickleness of women as follows:

For a female's complexion is moister than a male's, but it belongs to a moist complexion to receive [impressions] easily but to retain them poorly. For moisture is easily mobile and this is why women are inconstant and always seeking after new things. Therefore when she is engaged in the act under one man, at that very moment she would wish, were it possible, to lie under another. Therefore, there is no faithfulness in a woman. ⁵¹

Other pastoral writers take up the issues of gender, lechery, and physiology in unexpected ways. The author of *Dives and Pauper*, for example, in his discussion of lechery under the Sixth Commandment, acknowledges the physiological weaknesses of women and their disposition to sin. However, contrary to conventional moral literature, Pauper faults men for their adultery more than women on the grounds of their physiology of "kende." As he states, men are more "myzty be weye of kene to withstondyn & hat mor skyl & resun whereby he may withstondyn and bewar of þe fendis gyle." ⁵² When Dives counters that women often appear in court on adultery charges, Pauper offers a seemingly sympathetic response: "men ben nout so oftyn takyn in auoterie ne punchyd for auouterie as women ben, nout for þei ben lesse gylty but for þat þey ben mor gylty & mor myzty." They are in positions of authority such as "witnessis iugis & doerys to punchyn auouterie in woman," and abuse their power if they allow their own sins to continue. ⁵³

In this passage and others, the text presents an idea of sin as socially conditioned, propagated in men by conditions of power, and an idea of sin as physiological, disposing women naturally to sin. Later, the text considers again the blameworthiness of women and men, their propensity to sin and grace in relation to their natural faculties. Dives poses the question to Pauper: "syth it is so þat man is mor principal in ordre of kende þan is woman & mor stable & myzty & of heyer discrecion be cours of kende þan is woman," why are women more often chaste and stable in virtuous living than men? ⁵⁴ Pauper responds that despite their physiological weaknesses, women have more grace, because they lack men's pride: "men trostyn to mychil in himself & hout trostyn in God as þei autzty to do. Women knowynge her frelte trostyn nout in himself but only in God & comendyn hem mor to God þan don men, and þey dredyn mor to offendyn God þan do men " ⁵⁵ As in the case of pride, physiological superiority is a moral liability, even when this physiological superiority should create

a virtuous advantage.

The author of *Dives and Pauper* is a unique voice in the discussion of physiology and culpability for lechery. Not only does the text present social and cultural rather than biological reasons for the prosecution of women for lecherous acts, but goes as far as to blame Adam more than Eve. As mankind was lost through Adam, Christ became a man and not a woman.⁵⁶ Although little is known about the text or its anonymous author, it survives in at least 11 manuscripts and is featured in at least one heresy trial.⁵⁷ Whether *Dives and Pauper* is heretical or not, it is fair to say that its author's views on women and lechery are unconventional.⁵⁸ In a more typical example, John Bromyard writes that adultery is worse in a woman, appealing to biological arguments: "an adulterous man does not disinherit his own sons, but the sons of him with whose wife he sins, and it is more against nature to exercise cruelty upon one's own than upon others."⁵⁹

Notes

10. Conclusion

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Even the most humble vernacular pastoral manual recognized the significance of medicine and the medicalized body in relation to the sins, whether functioning metaphorically, metonymically, or materially. Confessors and medieval writers were sensitive to, if not in agreement upon, the challenging pulls of physiology and the body's natural inclinations in reference to both private confession and widespread social phenomena. Furthermore, the wide range of medical images produced reveals the circulation of medical ideas in culture and a multifarious understanding of the body and behavior in the later Middle Ages. The discussion of the medical underpinnings of religious imagery might smack of the "medical materialism" deployed to make sense of religious experience that William James disparages in *The Varieties of Religious Experience*.¹ Understanding the medical contexts of the seven deadly sins—their status in relation to the passions, their symbolic and material effects upon both body and soul—do not undermine their significance in medieval culture. Rather than a material reduction of religious experience and spirituality, medicine is integral to better understanding cultural meanings of living and suffering, being a body and a soul.

The present unavoidably shapes the types of questions we ask of the past, and the seven deadly sins have never left the popular imagination. Advertising and marketing campaigns use the sins to sell products such as underwear and Zinfandel wine. The sins organize "how-to" pieces about dating, consultancy, Internet gaming and so on. However, in more serious ways, modern discussions re-invent, re-inscribe, and re-center the sins as ethical concepts. A 2001 printed public lecture series devoted to the sins reflects their various cultural reinterpretations. In this series, Michael Eric Dyson's *Pride* probes racial identity and racial pride, and Joseph Epstein's *Envy* considers

backbiting among academics, among other manifestations. ² Alexis de Tocqueville's famous claim that envy serves as the basis for most successful democracies has been echoed in various editorials and scientific experiments, promoting envy as a positive, competition-spurring force, whose cultivation is necessary for progressive, societies, bodies and minds. ³ The indictment of greed was frequently made by the Occupy Wall Street Movement. ⁴

However, other recent studies invite a return to older texts and earlier thoughts about the sins. The psychologist Solomon Schimmel, for example, weaves case studies from his psychotherapeutic practice into a discussion of premodern teachings on the sins. He offers the following rationale:

We need not shun modern secular psychology and return exclusively to religion and philosophy for psychological knowledge and therapy. But we must recognize that secular psychology is seriously deficient in addressing problems associated with impulse control, selfishness, existential meaning, moral conflict, and ethical values which were so prominent in earlier psychological reflection. A first step in rectifying these deficiencies is for secularists to acknowledge them and to respectfully study the premodern traditions. ⁵

Every year, popular books and documentaries gesture to the premodern traditions of the sins. After briefly citing Thomas Aquinas and Dante in his recent series on the sins, filmmaker Morgan Spurlock focuses on extreme subcultures or disorders rather than more common, insidious human behavior.

However, the sins have also been folded into medical and scientific discourse. In a general sense, neuroscientific models plot motivation and responsibility—our “culpability”—and the idea of genetic or physiological dispositions to certain kinds of behavior, from over-eating to assault, have repeatedly shaped both popular and scientific discussions of criminality and legislation of morality. At the other pole, one movement in psychiatry, moving against the medicalization of all human behavior, has argued that there are certain “moral, and not medical, conditions” in psychiatry. ⁶

Some scientists have used the seven deadly sins as a more specific organizing principle. For example, the molecular biologist John Medina draws images from Dante's *Inferno* into his genetic and biological discussion of human behavior. ⁷ More recently, the Australian experimental psychologist Simon Laham argued for the “scientific” benefits of committing the seven deadly sins. This book was released as *The Joy of Sin* in the UK and *The Science of Sin* in the USA. One of the caveats, however, is that the sins have to be practiced

in moderation, which arguably challenges their definition as sins.⁸

In the political sphere, “sin taxes” levy duties on products deemed unhealthy, such as alcohol and tobacco.⁹ The individual’s sin and the consequent risk of disease are social problems; the healthy individual body forms a part of the healthy social body. A Mayo Clinic report neatly compacts these ideas in its report: “The Syntax of Sin Taxes: Putting it Together to Improve Physical, Social and Fiscal Health.”¹⁰ Discussion is ongoing as to whether to extend sin taxes to unhealthy foods, such as sugar and trans fat, the commonly charged culprits of the obesity epidemic.

Specific sins explain the causes of obesity in scientific and political discussions. An article in the *British Medical Journal*, for example, asks in its title, “Obesity in Britain: Gluttony or Sloth?”¹¹ The political debate following the report echoed this language, with a recent British House of Commons Health Committee Report on Obesity asking whether obesity should be “blamed on gluttony, sloth, or both?” and an editorial in an American medical journal suggesting that encouraging fitness in diabetic patients “combat[s] sloth as well as gluttony.”¹² While politicians and reporters might choose this catchy language to generate media interest in otherwise dry policies and scientific studies, the introduction of sin implies moral responsibility on the part of the obese. Other scientists and writers have seized upon this language of sin and causality to remove obesity from the realms of morality and agency and replace it within those of disease and determinism. For example, responding to the previous titles, the geneticist Stephen O’Rahilly delivered a talk at Cambridge entitled “Genetics and Obesity: Beyond Gluttony and Sloth.” Similarly, *The Seven Deadly Sins of Obesity* adopts the moral language of the debate and framework of the seven deadly sins but transfers responsibility from the individual to the environment.¹³

Although the language employed is not always so obviously moral as in accounts of sin taxes, sloth and gluttony, these examples illustrate a common intertwining of medicine and morality. But how relevant is contemporary language to medieval and religious understanding of the seven deadly sins? The use of the words “gluttony” and “sloth” does not imply historical or cultural continuity, let alone similar medical underpinnings. Some modern thinkers have contested the idea that the modern language of sin entails a moral or religious dimension at all, or at least one resembling traditional understanding of the sins. For example, the philosopher Robert Solomon argues that the “seven deadly sins” as understood today:

have nothing to do with damnation or degeneracy but rather with *poor health*. They lead to a reduced lifespan, an unappealing

appearance, the inability to attract a mate at the health club. What is deadly about the deadly sins is that, literally, they shorten our lives. Thus gluttony is really a code name for calories and high cholesterol. Lust is short for overdoing it, endangering one's health, wasting one's "precious bodily fluids"... Sloth now means not getting enough exercise. Greed is taking on more than you can handle, inducing dangerous stress. Pride becomes an excuse not to exercise, and envy is just another excuse not to try.

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In this sense, the seven deadly sins are reduced to metaphors for acts against the body, radically upending the disease-for-metaphor motif found in many of the texts discussed in this book.

Rather than reducing morality to the purely physical and artificial "medicine has replaced religion as the social guard of morality," some sociologists have argued.¹⁵ Therefore, health and even beauty regimes may re-affirm moral and social values. For example, contemporary feminist works, such as Naomi Wolf's *Beauty Myth* and Michelle Lewica's *Starving for Salvation* argue that the diet and beauty industries imitate patristic forms of religion in subjugating the female body. The less subtle "faith-based weight loss" movement also reasserts the relationship between weight and morality.

Scholars disagree on the value of comparing medieval and modern models of health and morality. This debate is particularly fertile in relation to female ascetic practices, with accounts that pathologize medieval holy women with modern diagnoses. For example, the author of *Holy Anorexia* argues that there is "a resemblance between the contemporary anorexic teenager counting every calorie in her single-minded pursuit of thinness, and an ascetic medieval saint examining her every desire." Caroline Walker Bynum, one of the most prominent medieval cultural historians, has argued against such correspondences. In the epilogue to her highly influential *Holy Feast, Holy Fast: the Religious Significance of Food to Medieval Women*, Bynum writes that modern women "cultivate not closeness to God but physical attractiveness by food abstinence."¹⁶ As for the relevance of her study of the Middle Ages to the modern world, Bynum offers only a negative analogy: "compared to the range of meanings in medieval poetry and piety, our use of *body* and *food* as symbols is narrow and negative."¹⁷

Understandings of body and sin, however, need not be so narrow and negative. A potential point of convergence between modern and medieval treatments of sin and disease is the idea of alienation. In his sociological account of the seven deadly sins, Stanford Lyman explains that this "alienating quality" is central to understanding of the sins. He writes that "the inhumanity of humanity is located in the sins'

capacity to separate man and woman from their kind, and ultimately from themselves.” ¹⁸ In both modern and medieval theological accounts, sin designates such a rupture. Likewise, the phenomenologist Drew Leder has described pain, and by extension, disease, in terms of an alienation from others. ¹⁹

However, whereas modern discourses of pain and disease emphasize the impossibility of sharing these experiences, late medieval culture offered a rich context for the holistic understanding of suffering, resisting the alienating effects of disease, in which confessors practiced physical medicine and physicians offered spiritual counseling. Moralized medicine is palliative rather than merely punitive when considered from a wider perspective that incorporates material medicine and healing. Neither simply material nor simply figurative, medicine is the mantle that contains and warms the community of believers, preserving “the natural heat of the virtues” and defending it “against the sharp assaults of bodily and ghostly enemies.” ²⁰

Notes

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